C.L. "BUTCH" OTTER - Governor RICHARD M. ARMSTRONG - Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

CERTIFIED MAIL: 7005 1160 0000 1506 9469

August 21, 2008

Joseph S. Bleymaier, Administrator Emmett Rehabilitation & Healthcare 714 North Butte Avenue Emmett, ID 83617

Provider #: 135020

Dear Mr. Bleymaier:

On August 7, 2008, a Complaint Investigation survey was conducted at Emmett Rehabilitation & Healthcare, Inc by the Bureau of Facility Standards/Department of Health & Welfare to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and Medicaid program participation requirements. This survey found the most serious deficiency in your facility to be an ISOLATED deficiency that constituted immediate jeopardy to resident health and safety. You were informed of the immediate jeopardy situation in writing on August 7, 2008.

On August 7, 2008, the facility submitted a credible allegation that the immediate jeopardy was corrected. After review of your Plan of Correction, it was determined that the immediate jeopardy to the resident had been removed. However, the deficiencies as identified on the revised CMS Form 2567L remain and require a Plan of Correction. The most serious deficiency now constitutes actual harm that is not immediate jeopardy and that is isolated in scope, as evidenced by the CMS Form 2567L, whereby significant corrections are required.

Enclosed is a Statement of Deficiencies/Plan of Correction, CMS Form 2567L, listing Medicare/Medicaid deficiencies, and a similar form listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when

each will be completed. Please provide ONLY ONE completion date for each Federal/State Tag in column X5 (Complete Date), to signify when you allege that each tag will be back in compliance. After each deficiency has been answered and dated, the administrator should sign both the CMS Form 2567L and State Statement of Deficiencies, in the spaces provided, and return the originals to this office.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **September 3, 2008**. Failure to submit an acceptable PoC by **September 3, 2008**, may result in the imposition of additional civil monetary penalties by **September 23, 2008**.

Your PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- Include dates when corrective action will be completed.

All references to federal regulatory requirements contained in this letter are found in *Title 42*, *Code of Federal Regulations*.

Based on the immediate jeopardy F314 -- S/S: J -- 42 CFR §483.25(c) -- Pressure Sores cited during this survey, we are recommending to the CMS Regional Office that the following remedies be imposed:

Denial of payment for new admissions effective as soon as notice requirements can be met. [42 CFR §488.417(a)]

A 'per instance' civil money penalty of \$5000.00. (THIS REMEDY IS GENERALLY RESERVED FOR SITUATIONS OF SERIOUS NONCOMPLIANCE AS DESCRIBED AT §7510) (§488.430)

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare &

Joseph S. Bleymaier, Administrator August 21, 2008 Page 3 of 5

Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **February 7, 2009**, if substantial compliance is not achieved by that time.

Your facility's noncompliance with the following:

#### F314 -- S/S: J -- 42 CFR §483.25(c) -- Pressure Sores

has been determined to constitute substandard quality of care as defined at 42 CFR §488.301. Sections 1819 (g)(5)(c) and 1919 (g)(5)(c) of the Social Security Act and 42 CFR §488.325 (h) require that the attending physician of each resident who was found to have received substandard quality of care as well as the State board responsible for licensing the facility's administrator be notified of the substandard quality of care. In order for us to satisfy these notification requirements, and in accordance with 42 CFR §488.325(g), you are required to provide the following information to this agency within ten (10) working days of your receipt of this letter:

The name and address of the attending physician of each resident found to have received substandard quality of care, as identified below:

Resident # 1 as identified on the enclosed Resident Identifier List.

Please note that in accordance with 42 CFR §488.325(g), your failure to provide this information timely will result in termination of participation or imposition of additional remedies.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You may also contest scope and severity assessments for deficiencies, which resulted in a finding of SQC or immediate jeopardy. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/ Rainbow/Documents/medical/2001 10.pdf http://www.healthandwelfare.idaho.gov/ Rainbow/Documents/medical/2001 10 attach1.pdf http://www.healthandwelfare.idaho.gov/ Rainbow/Documents/medical/2001 10 attach2.pdf

This request must be received by **September 3, 2008**. If your request for informal dispute resolution is received after **September 3, 2008**, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Joseph S. Bleymaier, Administrator August 21, 2008 Page 4 of 5

#### STATE ACTIONS effective with the date of this letter (August 21 2008):

Due to the serious nature of the deficiencies at C789, IDAPA 16.03.02.200.03.b.v., the Department is placing the facility on a Provisional License. Enclosed is Skilled Nursing Facility License #19. This license is effective through February 21, 2009. The conditions of the Provisional License are as follows:

- 1. Correction of the licensure deficiencies, especially C789.
- 2. The facility must obtain weekly consultation from a qualified professional who is not an employee of the facility. The consultant must provide weekly reports to this office, indicating each deficient area has been reviewed, and corrective actions taken, and the current status of each deficient area. The consultant can be an employee of the corporation.
- 3. Before we conduct a revisit, the consultant must attest that the facility is in substantial compliance with all requirements.

Failure to comply with the conditions of the Provisional License may result in revocation of the facility's license. <u>IDAPA 16.03.02.003.05.a.</u> states:

- a. Additional causes for denial of a license may include the following:
  - I. The applicant has violated any conditions of a Provisional License.

Please be advised that you are entitled to request an administrative review regarding the issuance of the Provisional License. In order to be entitled to an administrative review, you must submit a written request to the State Survey Agency within fourteen (14) days from the date upon which you received this letter. The request must state the grounds for the facility's contention that Provisional License was inappropriate. Because a Provisional License may be issued whenever a facility is in substantial compliance with but does not meet every requirement or rule, during the review, you would be expected to demonstrate that none of the findings of deficiency were justified.

In any administrative review, you should be prepared to demonstrate that the Department's findings were in error.

You should also include any documentation or additional evidence that you wish to have reviewed as part of the administrative review. Your written request for administrative review should be addressed to, Randy May, Deputy Administrator, Division of Medicaid, 3232 Elder Street, PO Box 83720, Boise ID 83720-0036, Phone #: (208) 334-5747, Fax #: (208) 364-1811.

Joseph S. Bleymaier, Administrator August 21, 2008 Page 5 of 5

The rules and regulations governing the conduct of an administrative review are set forth at <u>IDAPA 16.05.03.300</u>. If you fail to timely request an administrative review, the Department's decision to impose remedies as set forth herein becomes final. Please note that issues, which are not raised at an administrative review, may not later be raised at higher level hearings (<u>IDAPA 16.05.03.301</u>).

If you believe these deficiencies have been corrected, you may contact Loretta Todd, R.N. or Lorene Kayser, L.S.W., Q.M.R.P., Supervisors, Long Term Care, Bureau of Facility Standards, 3232 Elder Street, PO Box 83720, Boise, ID 83720-0036, Phone #: (208) 334-6626, Fax #: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact us at (208) 334-6626.

Sincerely.

LORETTA TODD, R.N.

Supervisor

Long Term Care

LT/dmj

Enclosures

C.L. "BUTCH" OTTER – Governor RICHARD M. ARMSTRONG – Director DEBRA RANSOM, R.N.,R.H.I.T., Chief BUREAU OF FACILITY STANDARDS 3232 Elder Street P.O. Box 83720 Boise, ID 83720-0036 PHONE 208-334-6626 FAX 208-364-1888

August 26, 2008

Joseph S. Bleymaier, Administrator Emmett Rehabilitation & Healthcare, Inc. 714 North Butte Avenue Emmett, ID 83617

Provider #: 135020

Dear Mr. Bleymaier:

On **August 7, 2008**, a Complaint Investigation and State Licensure was conducted at Emmett Rehabilitation & Healthcare, Inc. David Scott, R.N., Amanda Bain, R.N. and Kari Davies, R.D. conducted the complaint investigation. A total of 30 hours were required to complete this complaint investigation.

The investigation team reviewed the following documents:

- The identified resident's record as well as three additional residents' records identified with pressure ulcers,
- the facility's Pressure Ulcer Prevention protocol,
- in-services regarding skin/wound care since January 2008,
- Resident Council minutes for the previous six months,
- grievances for the previous six months, and
- staffing records for the previous three weeks.

The investigation team interviewed the following staff members:

- The administrator,
- Director of Nursing,
- · two owners,
- Corporate Vice President,
- one Registered Nurse,

Joseph S. Bleymaier, Administrator August 26, 2008 Page 2 of 3

- two Licensed Practical Nurses,
- a Physical Therapy staff member,
- a maintenance worker, and
- the Dietary Manager.

The complaint allegations, findings, and conclusions are as follows:

#### Complaint #ID00003709

#### **ALLEGATION #1:**

The complainant stated an identified resident entered the facility with no skin breakdown. About three months ago, the resident developed a very small pressure ulcer to the buttocks. The complainant stated that the facility did "some treatments," however, the pressure ulcer has now become very large and the facility did not alter skin treatments when it became apparent the wound was getting worse. The resident has frequent complaints of pain. The complainant states other residents in the facility also have developed skin breakdown due to neglect by the facility, but was unable to provide any additional names. The complainant was unsure if the resident's family is aware of the pressure ulcer.

#### FINDINGS:

The citation at F314 is for the facility's failure to provide the services necessary to prevent the identified resident from developing an avoidable pressure ulcer. In addition, the facility failed to accurately and consistently evaluate the identified resident's risk for skin breakdown and, once a pressure ulcer developed, monitor and document interventions. Weekly skin assessment records, including measurements and descriptions of the wound and surrounding tissue, were incomplete and, at times, inaccurate as to the condition of the right pressure ulcer. In addition, consistent documentation of treatments, antibiotics and nursing skin checks did not occur. Timely updates to the resident's care plan did not take place when the pressure ulcer first developed to reflect the change in condition and ordered interventions. Lab results in the resident's record revealed the presence of Methillin resistant staphylococcus aureus and Escherichia coli infections. The record did not document implementation of contact precautions to prevent the spread of infection to other residents, family or staff. At the time of the complaint investigation on August 6, 2008, the planned intervention for the wound was an appointment scheduled for August 13, 2008, at a wound clinic.

The citation at F272 is for the facility's failure to accurately and consistently assess and document the identified resident's skin integrity and wound. The citation at F278 is for the facility's failure to code the identified resident's MDS correctly to indicate the presence of a pressure ulcer. The citation F280 is for the facility's failure to revise the identified resident's care plan for a change in skin status and to include new interventions. The citation at F385 is for the facility's failure of the physician to ensure adequate supervision of the medical care of the identified resident's pressure ulcer. Finally, the citation at F441 is

Joseph S. Bleymaier, Administrator August 26, 2008 Page 3 of 3

for the facility's failure to ensure infection control practices met professional standards of care.

#### **CONCLUSIONS:**

Substantiated. Federal and State deficiencies related to the allegation are cited.

Based on the findings of the complaint investigation, deficiencies were cited and included on the survey report. No response is necessary to this complaint report, as it will be addressed in the Plan of Correction.

If you have questions or concerns regarding our investigation, please contact us at (208) 334-6626. Thank you for the courtesy and cooperation you and your staff extended to us in the course of our investigation.

Sincerely,

Lorene Kayser

LORENE KAYSER, L.S.W., Q.M.R.P. Supervisor

Supervisor Long Term Care

LKK/dmj

PRINTED: 08/21/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN O	FCORRECTION	IDENTIFICATION NOMBER.	A. BUILDING	G	C
		135020	B. WING		08/07/2008
	ROVIDER OR SUPPLIER REHAB & HEALTHO	ARE INC	7	EET ADDRESS, CITY, STATE, ZIP CODE 14 NORTH BUTTE AVENUE MMETT, ID 83617	
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLETION
F 000	The following defic	iencies were cited during a	F 000	This Plan of Correction is prepa submitted as required by law. submitting this Plan of Correcti	Ву
	_	ation at your facility.		Emmett Rehabilitation & Healt does not admit that the deficie listed on the CMS Form 2567 e	hcare ncies
F 272 SS=D	David Scott, RN Amanda Bain, RN Kari Davies, MPH, 483.20, 483.20(b) ASSESSMENTS		F 272	does the Facility admit to any statements, findings, facts or conclusions that form the basis alleged deficiencies. The Facili reserves the right to challenge	ty
	a comprehensive,	onduct initially and periodically accurate, standardized ssment of each resident's		proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis deficiency.	
	assessment of a respecified by the Stinclude at least the Identification and Customary routine Cognitive patterns Communication; Vision; Mood and behavior Psychosocial well-Physical functionin Continence; Disease diagnosis Dental and nutrition Skin conditions; Activity pursuit; Medications; Special treatment Discharge potential Documentation of the additional ass	demographic information; ; ; or patterns; being; ng and structural problems; s and health conditions; onal status; s and procedures;		1. Resident #1 has been thorous assessed. The Skin at Risk (Bra Scale) form has been reviewed dated. A head to toe skin asse has been done on a weekly basidentify any new issues as well ter progress of any previous is Weekly measurements have bumented for this wound. The has been reviewed and revised risk factors, goals and interven The attending physician, as we physician and staff at the Cent Wound Healing at St. Luke's Maye also assessed her and conto the current treatment for health.	den and up- ssment sis to as moni- sues. een doc- careplan I to reflect tions. Il as the er for leridian htributed

Any deficiency statement ending with an asterisk (\*) denotes a deficiency rice is till work home. The findings stated above are disclosable 90 days of the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

PRINTED: 08/21/2008 FORM APPROVED OMB NO. 0938-0391

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	COMPLE	red
		135020	B. WIN	G		08/07	//2008
	ROVIDER OR SUPPLIER	CARE INC		71	EET ADDRESS, CITY, STATE, ZIP CODE 4 NORTH BUTTE AVENUE MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 272	resident assessmed Documentation of This REQUIREME by: Based on record representation of Was determined the assess and documentation of the assess and documentation of the potential torpotential skin in Resident #1 was a 10/1/05 with diagnosclerosis, depressional calculus.  A Weekly Skin Chincluded an entry new skin issues a stated, "Open are [right]. Cream appoint the cont [inue] to monientries were made applied." The entries for 5/4, 5/2 stated, "Peri area applied." The entries of the open area of the open ar	ent protocols; and participation in assessment.  ENT is not met as evidenced eview and staff interviews, it he facility failed to accurately ment skin care issues related to evelopment and monitoring. This (#1) sampled residents and offect any resident with actual expairment. The findings include:  admitted to the facility on hoses including multiple sive disorder and kidney  etck form for April 2008 dated 4/2/08, which stated, "No a noted to gluteal fold on Rolled." An entry for 4/16/08 on the have sm [small] open area of the protective cream applied. Will tor." No measurements or other	F	272	2. All residents in the facility of affected by the deficient practicurrent residents have been as for skin concerns. All Skin at R (Braden Scale) forms have beer reviewed and revised as needed weekly head to toe skin assess been assigned to specific nurse completion. Other residents in have pressure areas have had wound measurements recorded plans for each resident have be reviewed to ensure that risk fargoals, and interventions related prevention of pressure sores a accurate.  3. Licensed Nurses have been in the use of the weekly skin a form and the Braden Scale. No been involved in auditing the Escales and careplans to ensure factors are addressed and interventing skin concerns to the CNA staff have been involved it their own documentation and communication related to skin Facility nurses will be assigned weekly skin assessments on an basis.	ould be ice. All issessed isk in ed. A iment has es for ioted to weekly ed. Care- een ictors, id to ire  instructed ssessment urses have araden e that risk irventions we been g and ir nurse. in auditing i concerns. I to do	

Facility ID: MDS001200

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	•	135020	B. WING _	£	i i	7/2008
	PROVIDER OR SUPPLIER	ARE INC	1	REET ADDRESS, CITY, STATE, ZIP COI 714 NORTH BUTTE AVENUE EMMETT, ID 83617		7/2008
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 278 SS=D	A Weekly Skin Che entries for 6/5, 6/11 for 6/5/08 stated, "F cleansed. Skin is prother skin issues at monitor." The entry open area. Cleanse applied." The entry issues to report." Ti "Res[ident] has an ofold area, cleansed The notation of an oappeared to be in edocumented open a fold.  The lack of complet checks and consist brought to the facilit 11:40 AM. No furthed documentation was 483.20(g) - (j) RESI The assessment miresident's status.  A registered nurse reach assessment with participation of heal A registered nurse reassessment is completed in the second assessment with the portion of the accompany to the accompany to the facility of the second assessment with the participation of heal assessment must second assessmen	ck form for June 2008 had , 6/20, and 6/24/08. The entry R buttock fold open area, celing on L[eft] Buttock. No this time. Will cont to for 6/11 stated, "R buttock and new drsg [dressing] for 6/20 stated, "No new skin he entry for 6/24/08 stated, open red area on L buttock well. Will cont to monitor." open area on the Left buttock rror as the only other area was to the Right gluteal see documentation of skin ent wound monitoring was sy's attention on 8/6/08 at er information or provided. DENT ASSESSMENT sust accurately reflect the must conduct or coordinate with the appropriate the professionals.  The professionals are the poleted.  The completes a portion of the ign and certify the accuracy of the sust accuracy accuracy accuracy accuracy accuracy accurac	F 278	4. Weekly skin assessments assigned to specific nurses. with completion of skin assebeing monitored by the DON or assigned RN. This prografacility practice. Nurses who comply with assessment expendisciplinary process. One lichas been terminated, follow progressive disciplinary sess to documentation concerns, the lack of willingness to concerns related to changes status to appropriate facility. Her lack of follow through concerns related to changes status to appropriate facility. Her lack of follow through concerns related by the DON or Monthly reports will be presquality. Assurance (QA) Commonthly reports will be presquality. Surance (QA) Commonthly reports will be presquality.  5. Completion date: 9/05/08  F 278  1. Resident #1's wound original abrasion caused by the median state of the progression and determination.	compliance ssments is I, Corp. RN, m is now a codo not sectations sive ensed nurse ing multiple ions related as well as municate in resident personnel. Contributed cioration of sements of coleted and designee. Ented to the mittee by	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		135020	B. WING		08/0	C <b>7/2008</b>
	PROVIDER OR SUPPLIER	ARE INC		TREET ADDRESS, CITY, STATE, ZIP CODE 714 NORTH BUTTE AVENUE EMMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
F 278	Continued From page 3 false statement in a resident assessment is subject to a civil money penalty of not more than \$1,000 for each assessment; or an individual who willfully and knowingly causes another individual to certify a material and false statement in a resident assessment is subject to a civil money penalty of not more than \$5,000 for each assessment.  Clinical disagreement does not constitute a material and false statement.  This REQUIREMENT is not met as evidenced		F 278	F 278 (Continued from page 3)  Her MDS has been coded to ac reflect her current status.  2. All residents with skin conce be affected by the deficient pr Based upon findings from wee assessments, the MDS Coordir reviewed and revised all MDSs that current wounds are coded appropriately.	erns could eactice. ekly skin nator has s to ensure	
	by: Based on record rev was determined tha had an incorrectly or pressure ulcers. Thi residents either adm developed a pressu  Resident #1 was ad 10/1/05 with diagnor sclerosis, depressiv calculus.  Resident #1's record development of a pr gluteal fold beginnin ulcer deteriorated to survey on 8/6/08.	view and staff interviews, it at 1 of 4 sampled residents coded MDS assessment for is had the potential to affect all nitted with, or who later are ulcer. The findings include:  Imitted to the facility on ses including multiple re disorder and kidney  d documented the ressure ulcer to the right ag on 4/13/08. The pressure of a stage IV by the time of the		3. The facility MDS Coordinato completing the AANAC on-line Certification Course. This will to have access to current Q an a nationally accredited organiz well as have the support of per RAI Assessment arena for unusuading questions/answers. The and MDS Coordinator will review Weekly Skin Assessment forms ensure that any new areas of care identified and coded per the manual. All existing wounds we monitored to ensure that charwound status are reflected on Assessments, as needed.	e MDS enable her ad A's from zation, as ers in the sual he DON ew the s to concern he RAI vill be nges in	
	6/10/08, documente bruises or abrasions pressure ulcers.	al MDS assessment, dated ed that the resident had s but did not have any ded MDS assessment was		4. MDS coding will be monitor monthly through the QA Common The Quality Indicator reports, the monthly skin/wound reports.	mittee. as well as	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		135020	B. WII				7/2008	
NAME OF F	ROVIDER OR SUPPLIER	I			REET ADDRESS, CITY, STATE, ZIP CODE	00/0/	772000	
EMMETT	REHAB & HEALTHC	ARE INC			MMETT, ID 83617			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 278		<del>-</del>	F	278	F 278 (Continued from page 4)			
	brought to the facilit 11:30 am. No furthe documentation was				reviewed to determine if coding have been made. Errors noted	·		
F 280	483.20(d)(3), 483.1	0(k)(2) COMPREHENSIVE	F2	280	re-evaluated using the RAI man			
SS=D	CARE PLANS				support network to determine			
	The resident has th incompetent or other	e right, unless adjudged			appropriate coding strategies.	With the second		
	incapacitated under	r the laws of the State, to ng care and treatment or			5. Completion date: 9/5/08.		· -	
	changes in care and	d treatment.			F 280			
	A comprehensive care plan must be developed within 7 days after the completion of the				Of note, upon change of owner	· 1		
	comprehensive ass	essment; prepared by an			the facility in October of 2007,			
		m, that includes the attending			computerized careplans for each			
		red nurse with responsibility  d other appropriate staff in			resident were re-entered into t database. Dates for specific	ne		
		mined by the resident's needs,			intervention updates were not			
		racticable, the participation of			individually keyed in, but rather	r folded		
		sident's family or the resident's			into the baseline careplan for e	Į.		
		r; and periodically reviewed am of qualified persons after			resident. The 2567 indicates th	1		
	each assessment.	an or quantou persons after			careplan was not updated since	ŀ		
					This is not an accurate stateme	1		
					1. The careplan for Resident #1	has been	11	
	This REQUIREMEN	NT is not met as evidenced			reviewed and revised to reflect	her		
	by:				current status.			
		view and staff interviews, it						
		facility failed to review and or new pressure ulcer			2. All residents could be affecte	· 1		
		kin treatments. This was true			deficient practice. Careplan up	1	ĺ	
	for 1 of 4 sampled r	esidents (#1) and had the			from here forward will have da	1		
		I residents with a change in			revision input to reflect ongoing			
	skin integrity or trea	tments. The findings include:			to the working careplan. Specif	i		
	Resident #1 was ad	Imitted to the facility on			careplan changes related to Pre Sores and/or preventative mea	_	}	
		*		1	- Jores and or preventative mea	Ju: UJ	1	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE	LTIPLE CONSTRUCTION DING	(X3) DATE SI COMPLE	
		* 135020	B. WING	*	f	C 7/2008
	ROVIDER OR SUPPLIER	ARE INC	S	TREET ADDRESS, CITY, STATE, ZIP CODE 714 NORTH BUTTE AVENUE EMMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SH		(X5) COMPLETION DATE
F 280	10/1/05 with diagnosclerosis [MS], depicalculus.  Resident #1's initial Impaired", dated 10 "Rash, fragile coccy with pot[ential] for bwas, "Skin will be in approaches were:  * "Treatment per p* Spenco overlay,  * Turn and repositi*  * Skin checks per * Encourage reside hydration and nutrititities Examine skin with red/open areas."  A Care Plan Update documented the proinfection, skin break [diagnosis] MS, UTI immobility, and resist approach was, "Place [every week] and Preschedule Q 2 hours encourage resident hydration/nutrition."  A Weekly Skin Chece "Open area noted to Cream applied."	ses including multiple ressive disorder and kidney  care plan for "Skin Integrity /14/05, listed the problem of, ox, increase tone feet, ankles reakdown." The listed goal tact", and the listed hysician's order, on per policy, facility policy, ent to comply with cares, on, h cares. Notify LN of any  e, dated 10/14/05, oblem of, "Potential for injury, odown r/t [related to] Dx [urinary tract infection], stance to cares." The listed ce duoderm over areas Q wk RN [as needed], turning [every 2 hours] and PRN, to comply with cares and ock form, dated 4/9/08, stated, or gluteal fold on R[ight].	F 28	have been reviewed and revise reflect current status for all results. The Licensed Nurses and the been inserviced about the impupdating careplans when resid change or new orders are recembered. Medical Records department in the MDS Coordinator and the libeen inserviced about updating careplans to reflect the ongoin of the facility to evaluate carepeffectiveness and reflect the remade. The IDT reviews and recareplans on a Quarterly basis. Careplans entered into the computerized database will reduce that new interventions was added to the careplan. Tempo interventions (such as wound treatments or short interval movill not be incorporated into the comprehensive careplan, but in maintained on the Temporary sheet in front of the comprehencareplan. During the quarterly review, any temporary issue the been resolved will be reviewed.	IDT have ortance of ent needs ived. The nanager, DT have g g efforts olan evisions vises  Elect the vere rary onitoring) ne ather Careplan nsive careplan at has not if for	
- перединентальный перединентальный перединентальный перединентальный перединентальный перединентальный переди		was received on 4/12/08 to, o R gluteal fold. CNA may Q day."		consideration of addition to th comprehensive plan of care. T process is the responsibility of	his the MDS	
÷	The care plan for Re	esident #1 was not updated in	b.	Coordinator and the assigned a prepares the monthly updates	į.	<del>.</del>

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		* .	B. WI			· *	
		135020	D. VVII			08/0	7/2008
	ROVIDER OR SUPPLIER REHAB & HEALTHC	ARE INC		7	REET ADDRESS, CITY, STATE, ZIP CODE 14 NORTH BUTTE AVENUE MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 280	April, May, or June change in skin integration of the change in skin integration. "Culture/swab we crease" and report it test to the physician an Interdisciplinary 7/1/08 that read, "Response reported finding dressing [change] to order] received for vertical following Problem: "In a Care Plan Update following infection The Care Plan Update for the Car	2008 to reflect neither the prity or the new interventions.  dated 7/1/08, directed staff ound to [right lower] buttock ithe results of that laboratory in that order was confirmed in Progress Note (IDT Note) on eceived telephone call from g well being of resident. This ings from this AM [morning] of [right] buttock. N.O. [New wound swab of area to be sent e. Possible infection.  In [centimeters] circular in windenuded area." The mented, "Treat any identified from wound swab." are documented the following in wound swab as [ordered] 2. physician] when available 3. Monitor for s/s [signs and ion, fever, etc. 5. Reassure iny."	F 2	280	F 208 (Continued from page 6)  (Medication Administration According to the Continued from page 6)  (Treatment Administration According to the Continued IDT. Reports related to complice Careplan updates will be presentled to the QC Committee on a monthly basis next 3 months, then Quarterly.  5. Completion date: 9/5/08.	by the ance with nted by A	
Control of the contro	"Wound care: Rx [P protocol Idodosorb: with COPA hydroph	dated 7/11/08, documented, rescription] per wound to center area [and] cover lilic foam dressing. [Change] days and PRN. Apply [with]					***************************************
	7/11/08, documente	for Resident #1, dated d the following Problem: ttock crease. Change to		-	\$		T T T T T T T T T T T T T T T T T T T

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPI LDING	LE CONSTRUCTION	COMPLETED	
	<b>`</b>	135020	B. WIN			i .	7/2008
	ROVIDER OR SUPPLIER	ARE INC		714	EET ADDRESS, CITY, STATE, ZIP CODE 4 NORTH BUTTE AVENUE IMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 280	documented, "Heal risk of any further be integrity." The Care following Approach protocol. Measure [Frecord dressing [every] 2-3 pain [every] shift ar week and PRN."  The facility's Presses states, "Periodic ever effectiveness of interestiveness of interestive	y protocol." The identified Goal area to buttock. Reduce the reakdown. Maintain skin Plan Update documented the es: "1. Apply dressing as every] week. 2. Monitor and ery] day and PRN. 3. [Change] days and PRN. 4. Assess for d PRN. 5. Skin [checks every] ure Ulcer Prevention protocol aluation of the careplan and erventions will be completed ade as indicated."  de aware of the lack of prompt sion of Resident #1's care plan am. No further information or a provided.  care plan for skin integrity, s not updated until 7/1/08 tion identifying a change in new treatments starting on		280	F 314		
SS=J	Based on the compresident, the facility who enters the faci does not develop pindividual's clinical they were unavoidapressure sores rec	orehensive assessment of a must ensure that a resident lity without pressure sores ressure sores unless the condition demonstrates that able; and a resident having eives necessary treatment and e healing, prevent infection and			1. Resident #1 has been thorous assessed. The Skin at Risk Assessed has been updated. She has had to toe skin check completed or basis. Her wound has been assher physician, as well as the physician, as well as the physician at the Center for Wood Healing at the Meridian St. Luk Regional Medical Center. Ween wound measurements have be	essment d a head n a weekly sessed by nysicians und se's	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
	*					. (	
		135020	B. WI	4G		08/0	7/2008
	ROVIDER OR SUPPLIER	CARE INC		71	EET ADDRESS, CITY, STATE, ZIP CODE 14 NORTH BUTTE AVENUE MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORR PREFIX (EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE AF DEFICIENCY)		ULD BE	(X5) COMPLETION DATE
F 314	by: Based on observa and a complaint fr determined the fac monitor pressure is sampled residents which constituted Resident #1, who IV pressure ulcer. appropriately asse issues had the por with, or at risk for,  This situation was facility on 8/7/08 a facility was provide failure to prevent a  The facility provide correction to the s at which time the l abated. The plan of 1. Resident #1's I on 8/7/08 to exam buttock wound. Th physician weekly is assessments. 2. An appointment scheduled for Aug 3. New dressing of 4. Resident #1 was 5. A new air bed were ordered for I Resident #1 was sesident #1 was	tions, interviews, record review, om the general public, it was cility failed to prevent, treat, and ulcers for one of four [#1]. This resulted in serious injury an Immediate Jeopardy to developed a preventable stage. The failure of the facility to ess, treat, and monitor skin care tential to affect all residents pressure ulcers.  brought to the attention of the total stage the death of the ed with specific details of the end with specific details of the end an acceptable plan of the end are pressure ulcer.  The dan acceptable plan of the end are pressure ulcer.  The dan acceptable plan of the end are pressure ulcer.  The dan acceptable plan of the end are pressure ulcer.  The dan acceptable plan of the end are pressure ulcer.  The dan acceptable plan of the end are pressure ulcer.  The dan acceptable plan of the end are placed in the the end	F:	314	recorded by licensed nurses. D wound observation has been documented and a weekly wou progress report has been forwathe attending physician. Medadelivered a new air bed and air for her wheel chair. Staff were inserviced on the appropriate usequipment. The Medastat representative personally check pressure gauges on her bed on separate occasions since survey Pressure readings for this bed a monitored by the licensed nursed daily basis. The Registered Dier reviewed the resident's plan of has made appropriate recommendations. The resider reviewed weekly in the Nutritic Committee meeting. The Consein Pharmacist completed a review resident's chart. Recommendations have been forwarded to her physical staff and CNA staff wowith Resident #1 have participated review and revision of her care Resident went to the Wound Claugust 26th and now has a would place. The respresentative from (rental company for wound variability and provided training residential c	nd irded to stat cushion use of this ked the two // are being es on a tician has care and at will be on at Risk ultant / of the tions pysician. orking ated in a plan. linic on ind vac in m KCl c) visited elated to	
	10/1/05 with diagr	noses including multiple sive disorder, and calculus of the			use of the wound vac equipme	nt by	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		*	A. BUILDII	NG		
		135020	B. WING_		C 08/07/2008	
	PROVIDER OR SUPPLIER	ARE INC	1	REET ADDRESS, CITY, STATE, ZIP CODE 714 NORTH BUTTE AVENUE EMMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETION	
F 314	Continued From page 9 kidney.		F 314	F 314 (Continued from page 9)		
	Resident #1's admission MDS, dated 10/7/05, coded a stage III pressure ulcer.			and Nephew visited the facility a provided 1:1 inservice training for (now former) DON. The COTA at	or the nd	
	A Skin Integrity Impairment form for Resident #1, dated 10/1/05, identified the problem of "Skin integrity impairedSacrum breakdown, stage 3 noted on admit" The listed integrations in last of the listed integrations.			Physical Therapist reviewed the system for Resident #1 with the representative from Medastat to	o ensure	
	noted on admit." The listed interventions included: *Air mattress, *Pressure reduction cushion to bedside chair and/or wheelchair/geri chair, *Follow in wound team rounds, ensure pain management program is effective, *Use turn sheet for repositioning, *Daily skin inspection during cares. Notify LN of skin integrity impairments,			appropriate pressure relief, and position needs were met. (Resid currently on bed rest and uses w chair only for transport to	lent is	
				appointments. She will be re-even once the wound is healed and re allowed to resume wheel chair s	sident is	
	*Weekly check for "k [wheelchair] and/or k	A VOICE AND THE AND TH		2. All residents could be affected deficient practices noted in this some the skin/wound program has be	survey.	
	A Weekly Pressure Ulcer Condition Report, with dated entries of 10/2/05 and 10/9/05, documented Resident #1's sacral wound. The entry for 10/2/05 stated the wound was a stage III with a distinct outline, absence of necrotic tissue, a scant amount of serosanguineous exudate, and minimal edema of the surrounding tissues. The treatment was "DuoDerm placed for protection." The entry for 10/9/05 stated the wound was "now closed" and the DuoDerm was discontinued.			reviewed with all licensed staff a as CNAs. Licensed staff and CNA been involved in auditing charts identify documentation concerns	is well is have to	
				has been done to educate staff a how they may have contributed breakdown in this system). All R Skin at Risk Assessments have be	about to the esident	
	Resident #1's initial of listed the problem of approaches listed we *Turn and reposition *Skin checks per fac *Examine skin with c	care plan, dated 10/14/05, "Skin integrity impaired." The ere: per policy,		reviewed. Careplans have been reviewed and/or revised to ensu all risk factors, goals and interverelated to pressure ulcer prevent treatment are accurate. All LNs been assigned specific residents weekly skin checks. Results of w	ntions tion and have for	
	red/open areas.	*		skin checks are being reviewed by	* * 1	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		*	1		3	(	
		135020	B. WIN	IG		08/07	7/2008
	ROVIDER OR SUPPLIER REHAB & HEALTHO	CARE INC	-1	7	EET ADDRESS, CITY, STATE, ZIP CODE 14 NORTH BUTTE AVENUE MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 314	Continued From pa	age 10	F:	314	F314 (Continued from page 10)		
	"Place DuoDerm of Every week and as hours and PRN, er with cares and hyd The initial care plate updated to include 07/01/08.  The initial Pressure for Resident #1, dated at a high risk for skin breaked pressure ultiple sclerosis.  The Pressure Ulce 2/9/07 and 3/17/08 risk for skin breaked of pressure ulcers, totally reliant on staindwelling catheter as a high risk on the A Weekly Skin Cheentries for 2/3, 2/9 stated the resident there were no new A Weekly Skin Cheincluded an entry onew skin issues at stated, "Open area [right]. Cream appropriated, "Cont to ha Glut[eal] fold. Prote	changes in skin integrity until changes in skin integrity until e Ulcer Risk Assessment Tool ated 1/5/06, scored the resident in breakdown due to: history of cer, pain, H/O MS [history o			DON and Corporate Nurse Cons Education related to accuracy or assessments, and implementating full wound care program is being on an individual basis, as neede education includes assessment issues, notification of physician, implementation of wound care setting up appropriate documentures for staff, notification of die therapy departments, updating careplans, follow up assessment documentation.) CNA documents being reviewed as well. Specific requiring more education have identified and education is ongowound measurements are maint on a weekly basis. Wound progreports are being sent to the attribution physicians for resident affected facility wide audit of seating systems. Wound progreports are being sent to the attribution physicians for resident affected facility wide audit of seating systems. Results of audit has shared with appropriate person corrective actions have been implemented to resolve finding.  3. Systemic changes implement ensure that this deficiency does continue to occur include:	fon of the g done d. (This of skin protocol, ntation stary and tand ntation is staff been bing. ntained gress tending. A stems, I as as been we been inel and s.	
5	[right]. Cream app stated, "Cont to ha Glut[eal] fold. Prote	lied." An entry for 4/16/08 we sm [small] open area on R ective cream applied. Will or." No measurements or other	٠.		ensure that this deficiency does	not	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
	•	135020	B. WIN	G	<u> </u>	1	7/2008
	ROVIDER OR SUPPLIER	ARE INC		71	EET ADDRESS, CITY, STATE, ZIP CODE 14 NORTH BUTTE AVENUE MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 314	Continued From pa	ge 11	F 3	14	F 314 (Continued from page 11	)	
	4/13/08, stated, "Af on resident and we and slightly bleedin  A physician's order "Apply EPC cream apply, LN to assess revealed no documapplied on 4/3, 5, 1 documentation was daily wound assess 22 through the end  The April 2008 care updated to reflect thinterventions to be  A Weekly Skin Cheentries for 5/4, 5/15 stated, "Peri area. (applied." The entry issues, peri area be of the open area to 5/21 stated, "No nemention was made fold. No entry was in the May 2008 MAR that the EPC crean fold on 5/3, 5, 10, 1 was no documentat the wound daily for Nursing Notes and were reviewed for I	was received on 4/12/08 to to R gluteal fold. CNA may Q [every] day." The MAR entation that the cream was 0, 16, or 23. In addition, no found to indicate the LN did ment on 4/16, 17, 18, 19, and of the month.  If plan for Resident #1 was not ne new skin issues or the implemented.  If k form for May 2008 had if and 5/21. The entry for 5/4 Cocyx [sic] cracked, cream for 5/15 stated, "No new etter." No mention was made the gluteal fold. The entry for w issues noted." Again, no of the open area to the gluteal made for the last week in May.  If revealed no documentation in was applied to the gluteal 6, or 23/08. In addition, there tion that an LN had assessed the entire month.  Interdisciplinary Care Notes May 2008. The record			related to Pressure Ulcer Preve Treatment.  Review of Smith and Nepheve and wound care protocols are licensed and CNA staff. Review of wound care protocols with licensed and CNA staff. Review of wood protocol implementation and up education on 1:1 basis as Specific weekly skin check assignments with DON/Consemonitoring.  Creation of wound care pack (includes all forms and proceed follow when a wound is discount inservicing of staff in use packet.  Implementation of weekly we progress report to physician.  Restorative staff will maintain inventory log and tracking sy seating products and bed, as compiling the Manufacturer recommendations for use of type of product.  Notification of Dietary & The all skin concerns.  Careplan update system has revised to better reveal facilin revision of careplans.  All department managers with the concerns and the concerns are system than an agers with the concerns and the concerns are wised to better reveal facilin revision of careplans.	w skin and few of ficensed bund care d follow needed. sultant  set edures to overed) e of  yound in an ystem for s well as f each erapy for been ity efforts	
	The April 2008 care updated to reflect the interventions to be A Weekly Skin Cheentries for 5/4, 5/15 stated, "Peri area. Capplied." The entry issues, peri area be of the open area to 5/21 stated, "No nemention was made fold. No entry was in The May 2008 MAR that the EPC crean fold on 5/3, 5, 10, 1 was no documentate wound daily for Nursing Notes and were reviewed for I contained no document and the wound document and countered in the wound document and	e plan for Resident #1 was not the new skin issues or the implemented.  ck form for May 2008 had a plan and 5/21. The entry for 5/4 cocyx [sic] cracked, cream for 5/15 stated, "No new etter." No mention was made the gluteal fold. The entry for w issues noted." Again, no of the open area to the gluteal made for the last week in May.  R revealed no documentation in was applied to the gluteal 6, or 23/08. In addition, there tion that an LN had assessed the entire month.  Interdisciplinary Care Notes			<ul> <li>Creation of wound care pack (includes all forms and proced follow when a wound is discound inservicing of staff in use packet.</li> <li>Implementation of weekly we progress report to physician.</li> <li>Restorative staff will maintain inventory log and tracking system and bed, as compiling the Manufacturer recommendations for use of type of product.</li> <li>Notification of Dietary &amp; The all skin concerns.</li> <li>Careplan update system has revised to better reveal faciling.</li> </ul>	det edures to overed) e of vound . in an ystem for s well as f each erapy for been ity efforts	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		PLE CONSTRUCTION  G	(X3) DATE SU COMPLE	TED
		135020	B. WIN	G	<i>§</i>	1	C 7/2008
	ROVIDER OR SUPPLIER	CARE INC		7	REET ADDRESS, CITY, STATE, ZIP CODE 14 NORTH BUTTE AVENUE MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 314	or condition of surrange or condition of surrange reflect any new ski A Condition Change "Small open area lethe fold under R but A Weekly Skin Cheentries for 6/5, 6/1 for 6/5/08 stated, "I cleansed. Skin is pother skin issues a monitor." The entry open area. Cleanse entry for 6/20 state report." The entry fan open red area owell. Will cont to marea on the Left but as the only other dithe Right gluteal for The June 2008 MA that the EPC crear fold on 6/1, 7, 8, 10 In addition, there we LN had assessed to month.  The resident's qual 3/16/08, coded the dependent on staff ADL's and documents.	e plan was not updated to in issues or interventions.  e Form, dated 6/6/08, stated, ess than 1 cm in diameter in attock."  eck form for June 2008 had 1, 6/20, and 6/24/08. The entry R buttock fold open area, eeling on L[eft] Buttock. No this time. Will cont to for 6/11 stated, "R buttock ed and new drsg applied." The d, "No new skin issues to for 6/24 stated, "Res[ident] has for L buttock fold area, cleansed onitor." The notation an open attock appeared to be in error ocumented open area was to lid.  AR revealed no documentation in was applied to the gluteal 0, 13, 21, 22, 23, 27, or 30/08. Was no documentation that an the wound daily for the entire of the form of the same than the wound daily for the entire of the same than the wound skin breakdown.	F 3	314	and sign off indicating that to aware of concerns. It is exp that they will take appropria as needed.  4. Audits of weekly skin checks appropriate wound care proto implementation will be completed to consultant. Audit of physician involvement will be completed RN Supervisor. Audit of physic will be completed by the Medi Records manager. Audit of apinfection control program implementation will be completed the Infection Control Nurse. TIDT/MDS Coordinator will more careplan updates and notificat Involvement of all department needed. The seating system at mattress inventory will be more the Restorative and Therapy departments. The MDS Coord monitor for changes in skin car and ensure that MDS is coded to RAI manual. Specific audits been assigned to staff. All staff auditing responsibilities will privitten summary to the Admir	chey are ected ate action, and col eted by Nurse I by the ian visits cal propriate eted by he itor ion/ s, as ad nitored by inator will re status, according have f with ovide a histrator	
	identified Resident	nnual MDS, dated 6/10/08, #1 as having abrasions or ssure ulcers. The resident			for inclusion in the monthly Q/ Committee. The Administrato will ensure that appropriate au	r and DON	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI			(X3) DATE SU COMPLE	TED
		135020	B. WIN	∤G		· ·	7/2008
	ROVIDER OR SUPPLIER	CARE INC		7′	EET ADDRESS, CITY, STATE, ZIP CODE 14 NORTH BUTTE AVENUE MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 314	coded as being total mobility, transfers at the initial 2005 care issues or intervention. A Daily Monitoring form was started of 6/27/08 stated the measurement was 6/27/08 and listed X 3 cm wide. This documented since recorded on 4/09/0 was checked. The check mark, as recamount of blood ting. The box next to "transecond entry was a listing a wound to thickness, with a reexudate and no od. A Nutrition Assess filled out for Residuisted was regular. The Registered Distated, "No sig[nificity stable, PO [food in [small] open area follow, no need for A physician's order to, "Culture/swab".	ally dependent on staff for bed and ADL's.  The plan was not updated from the plan to reflect any new skin ons.  Pressure/Non-Pressure Ulcers in 6/27/08. The entry for pressure ulcer was "new". A taken of the gluteal wound on the dimensions as 1.2 cm long was the first measurement the pressure ulcer was first in its	F	314	F 314 (Continue from page 13) completed. Specific audits and reporting will continue monthly months, then Quarterly.  5. Completion date: 9/5/08.	1	
	crease" and report test to the physicia	t the results of that laboratory an. That order was confirmed in	7.				

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		PLE CONSTRUCTION	(X3) DATE SI COMPLE	ETED
		135020	B. WIN	iG			C <b>7/2008</b>
	ROVIDER OR SUPPLIER	ARE INC		71	EET ADDRESS, CITY, STATE, ZIP CODE 4 NORTH BUTTE AVENUE MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREF TAG	1	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 314	an Interdisciplinary 7/1/08 that read, "R [physician] regardin nurse reported findid dressing [change] to order] received for v for culture."  A Care Plan Update following Problem: '[right] buttock creas Approx[imately] 2.5 the center of a knowlidentified Goal documderlying infection The Care Plan Update Approach: "1. Obtain Review results [with Monitor for pain 4. If symptoms] of infect resident as necessary A local hospital lab swab documented the Methicillin Resistant Enterococcus faeca. The Centers for Dis recommended the for residents in hospitalities: "When sin available, assign pripatients [with] knowled colonization or infect those patients who facilitate transmissis secretions or excretions."	Progress Note (IDT Note) on eceived telephone call from g well being of resident. This ings from this AM [morning] of [right] buttock. N.O. [New wound swab of area to be sent e., dated 7/1/08, identified the 'Res[ident] has an area to her se. Possible infection. cm [centimeters] circular in windenuded area." The amented, "Treat any identified from wound swab." ate documented the following in wound swab as [ordered] 2. In physician] when available 3. Monitor for s/s [signs and ion, fever, etc. 5. Reassure	F	314			
3-	same MRSA in the	same room or patient-care	- 5				

	F CORRECTION	iDENTIFICATION NUMBER:	(X2) N A. BUI		NG	COMPLI	
		135020	B. Wil	1G _		08/0	C 1 <b>7/2008</b>
	PROVIDER OR SUPPLIER	CARE INC		7	REET ADDRESS, CITY, STATE, ZIP CODE 714 NORTH BUTTE AVENUE EMMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 314	area. When cohort MRSA is not possil rooms with patients acquisition of MRS outcomes from infeshort lengths of state healthcare facilities requiring Contact Froom." (Information Personnel - CDC Inhttp://www.cdc.govareFS.html.)  A physician's order facility to administed days [antibiotic by l'buttocks cellulitis.' an IDT Note, dated A review of Reside revealed the antibioseven days from 7/7/16/08 and 7/17/0 on 7/18/08. In total resident missed for ordered to treat MFA physician's order "Wound care: Rx [I protocol Idodosorb [and] cover with CC [Change] dressing Apply [with] small at A Care Plan Updat 7/11/08, document "Wound to [right] b dressing. Per facility outcomes acquired to the content of the cont	ing patients with the same ble, place MRSA patients in so who are at low risk for A and associated adverse ection and are likely to have by. In general, in all types of so it is best to place patients becautions in a single patient in about MRSA for Healthcare infection Control in Healthcare. Incidod/dhqp/ar_mrsa_healthcook at dated 7/8/08 directed the per "TMP/SMX PO BID X 10 mouth twice daily for days] for That order was confirmed by 17/9/08.  Int #1's MAR, dated 7/9/08, but to was administered BID for 19/08-7/15/08, once daily for 8, and was not administered the lar doses of the antibiotic RSA.  Indicated 7/11/08, documented, Prescription] per wound (sic: lodosorb): to center area DPA hydrophilic foam dressing. [every] 2-3 days and PRN.		314			

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BUI		TIPLE CONSTRUCTION	(X3) DATE S COMPLE	
		*	B. WII	•		1 19	C ·
		135020				08/0	7/2008
	ROVIDER OR SUPPLIER REHAB & HEALTHC	ARE INC		7	REET ADDRESS, CITY, STATE, ZIP CODE 714 NORTH BUTTE AVENUE EMMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 314	Continued From pa	ge 16	F:	314			
	integrity." The Care following Approache protocol. Measure [ record dressing [evi dressing [every] 2-3	reakdown. Maintain skin Plan Update documented the es: "1. Apply dressing as every] week. 2. Monitor and ery] day and PRN. 3. [Change] days and PRN. 4. Assess for d PRN. 5. Skin [checks every]					
	record for Resident was changed accor and Care Plan Upda However, the record	lonitoring/Pressure Ulcers #1 documented the dressing ding to the physician's order ate on 7/14, 7/17, and 7/29. d indicated the resident's hanged as ordered and care 23, or 7/26.					
	Resident #1 docum conducted on 7/8, 7	Skin Check Sheet for ented that skin checks were 7/11, 7/14, and 7/21. The en notes were documented on cks:					
	on [right] buttock fol	area very red. Open wound d. Bandage came off during be replaced. Will continue to					
	also yeast, redness	present to [right] gluteal fold appears in groin [and] on eatments] started today for					
	The area has deteri	g to [right] gluteal changed. orated. Will cont[inue] to ded on Daily Pressure Ulcer e] to monitor."					
·	* 7/21/08 - "No new	skin issues at this time.					-

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTER'S FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	- 1		PLE CONSTRUCTION	(X3) DATE SI COMPLE	
l .		*	A. BUI		· · · · · · · · · · · · · · · · · · ·	(	C <sub>j</sub> ,
		135020	B. WII			08/0	7/2008
	PROVIDER OR SUPPLIER	:ARE INC		7	REET ADDRESS, CITY, STATE, ZIP CODE  14 NORTH BUTTE AVENUE		
EMITITORING C.	·			E	MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDER CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 314	Continued From pa	ige 17	F	314			
	Res[ident] cont[inue	es] to have dressing to [right] cer. No drainage noted. Will	· 				
		ng to pressure ulcer changed. leriorated since I saw it last. No this time."					
	Resident #1 docum Allevyn adhesive dr 7/5/08 and 7/11/08 included the followir 7/11/08: "Cleanse w [with] wound cleans off old idodosorb [w bed sl[ightly] moist. smaller than hydrop wound bed. Cover [ prep[aration] on eds	itulated physician orders for nented the EPC cream and ressing were discontinued on respectively. The orders ng handwritten directive, dated wound to [right] gluteal fold ser or N/S [normal saline]. Pat vith] gauze (illegible) wound Apply Idodosorb to gauze cut ohilic foam. Place gauze on [with] foam. Use skin ges. Wait till dry. Tape in ery] 2-3 days [and] PRN."	,				
	wound had been cle from 8/1/08 - 8/7/08 provided by the faci had been cleansed	ust MAR did not document the eansed or dressing changed 3. No other documentation was ility that indicated the wound or the dressing changed from complaint investigation of					
	surveyors at the tim hand drawn represe gluteal fold pressur a handwritten note area wound is necru underlined. Under " note that document	11/08 and provided to the of investigation included a centation of the resident's right re ulcer. The diagram included that read, "3 cm circular open rotic." The word "necrotic" was "details," was a handwritten ted, "The area to her oted on 7/5/08 at that time the					

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. Bu		PLE CONSTRUCTION  G	COMPLE	TED
		135020	B. WI	1G		ł	7/2008
	ROVIDER OR SUPPLIER	ARE INC		71	EET ADDRESS, CITY, STATE, ZIP CODE 14 NORTH BUTTE AVENUE MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 314	area consisted most the wound has declabove. Referral to viscond diagram of described the woun [centimeters] at declain diagram also include "necrotic" with a dra area of the depicted.  An IDT Note, dated "[Resident #1's] wo nurse last saw it. (A The wound is 3 cm area. At its deepest This accounts for a The other 3/4 of the all of the inner aspet 'necrotic.' This nurse would be best served appointment."	stly of denuded skin; however, lined and now as shown wound clinic requested." A the wound, also dated 8/1/08, ad as "3 cm circular [and] 1.5 epest point." The second led the handwritten word awn arrow pointing to a large	F	314			
	clinic on 8/1/08, acc provided by the fac wound clinic to the	cording to a FAX coversheet ility. A return FAX from the facility, dated 8/4/08, directed se call to sched[ule] [an] appt					
	gluteal pressure uld surveyor and an LN totally covered with dressing was not do was a foul odor who The LN staged the eschar. The entire	of am, the resident's right ber was observed by the last observed by the last observed by the last observed by the last observed. The last observed there en the dressing was removed. Wound as a Stage IV due to width of the wound was N as 8.3 cm, with 4.0 cm			e e e e e e e e e e e e e e e e e e e		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
	÷	135020	B. WING		ł	7/2008
	ROVIDER OR SUPPLIER	ARE INC	71	EET ADDRESS, CITY, STATE, ZIP CODE 14 NORTH BUTTE AVENUE MMETT, ID 83617	1	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 314	covered with escha The quarter sized in eschar was measur surrounding the wo edematous. The re during the dressing	r, and the length as 5.4 cm. Indentation in the center of the red as 0.5 cm deep. The area und was not red or sident did not complain of pain change.	F 314			
	was interviewed. SI sides of the building gone or has worked came back to work	ne dressing change, the LN ne stated she works on both g and everytime she has been d on the opposite hall and with the resident the wound sident has had the wound for ted the LN.				
	directed staff to app	one Order, dated 8/6/08, oly, "Wet to dry dressing BID to ician] to be here in am e area."	,			
		8/6/08, documented, t in the am to debride coccyx nonitor for pain."				
	resident's physiciar is MRSA [and right is on her 2nd cours [by] 10 cm Grade II tunneling 4 cm dee Necrotic tissue that irrigation with NSS I ulcer infer[ior] me [positive] for E.Coli dated 7/2/8. Wound tunneling area filled ulcer/multistage ulc	1 8/7/08, and signed by the n, documented, "Major concern buttock wound for which she e of TMP/SMX. Skin: 10 cm X ulcer over [right] buttock [with] p X 3 cm wide fanning out we tried to remove today after [normal saline solution]. Grade dial to above wound. Culture [Escherichia coli] and MRSA didebrided partially and di [Right] buttock Grade III there with [positive] MRSA and found care clinic referral for				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` `	IULTIPI ILDING	LE CONSTRUCTION	COMPLI	ETED
	F	135020	B. Wi	NG			C 07/2008
	ROVIDER OR SUPPLIER	ARE INC	, <u> </u>	714	ET ADDRESS, CITY, STATE, ZIP CODE 4 NORTH BUTTE AVENUE 1METT, ID 83617	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 314	On 8/6/08, at 1:25 pa.m., the resident's inspected by survey mattress was set for 200 and 250-pound	p.m., and on 8/7/08 at 11:32 pressure relief mattress was yors. The pressure relief or a resident weighing between its during both observations. cility's weight monitoring	F	314			
	records, Resident # pounds at the time interview on 8/7/08 stated the pressure	thirty's weight monitoring  1 weighed approximately 169 of investigation. In an , at 12:30 p.m., the DON relief mattress "wasn't set to provide maximum pressure					
	8/6-8/7/08, Resider in her room. Survey practicing contact practicity that notified isolation precautior #1. Additionally, no course of the comp	omplaint investigation, nt #1 was observed repeatedly yors did not observe staff or cautions or any signs in the staff or visitors that contact as were in effect for Resident staff member during the plaint investigation advised resident was under contact as for MRSA.					
	wheelchair cushior The cushion includ center intended to sliding forward in the	e-inches thick, and was made		***************************************			
	therapist provided catalog photograph in Resident #1's wl "Designed for slide	o p.m., the facility's physical surveyors with a copy of a n and description of the cushion neelchair. The description read, control and hip abduction"		****		115	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SU COMPLE	
		135020	B. WIN	IG_			C 7/0000
NAME OF T	ROVIDER OR SUPPLIER	133020			EST ADDRESS OFFI TO CODE	1 08/0	7/2008
	REHAB & HEALTHO	ARE INC		71	EET ADDRESS, CITY, STATE, ZIP CODE  14 NORTH BUTTE AVENUE  MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 314	was not designed for the owners and the physurveyors an "interiowner described as The owner and physurveyors the resid	or relieving pressure.  o.m., one of the facility's vsical therapy staff showed m" wheelchair cushion the s "the best we have in-house." vsical therapy staff informed ent's wheelchair cushion with the interim cushion until a	F:	314			
	arriving later that do resident.  On 8/7/08, at 12:30 Administrator, DON and owners were in about the lack of concentration of the residents, on staff, and visitors of for Resident #1. The	I, Corporate Vice President, interviewed and questioned ontact isolation precautions to of Resident #1's MRSA to signs warning other residents, if MRSA contact precautions is DON stated the resident fact precautions, but "I don't					
	Administrator, DON and owners were a pressure ulcer risk resident as a "low r despite a long histomobility, risk for frictransfers, and bedpresident stated the and physical assess taff at the facility.  When asked about	nterview, the facility's I, Corporate Vice President, sked about the 3/17/08 assessment that placed the isk" for skin impairment ory of compromise, limited ction and shearing from or chairbound status. The vice e score was based on history sment conducted by nursing  the MAR that indicated					
		ot given four antibiotic e president and owner stated				ė	1.15

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		LE CONSTRUCTION	(X3) DATE SI COMPLE	TED
		135020	B. WIN	IG		1	C 7/2008
	ROVIDER OR SUPPLIER	ARE INC		71	EET ADDRESS, CITY, STATE, ZIP CODE 4 NORTH BUTTE AVENUE 4METT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFI TAG	1	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 314	the resident did recantibiotic treatment provided that indicadoses were returned However, the facility provide documental antibiotic treatment.  During the 8/7/08 in surveyors with a conformation Protocol Under, Tracility's protocol domeasure wound we note in chart on wo Evaluate efficacy of effective after 1-2 with discussing need for new MD [Medical Direct ordered, use 3 participations of the provided that in the provided in the protocol of the protocol of the provided that in the provided that in the provided that indicate th	eive the ordered dosages of s. Documentation was sted no TMP/SMX antibiotic d to the facility's pharmacy. It was asked for but did not tion that the four doses of were administered.  Interview, the facility provided py of its Condensed Wound acking Current Wounds, the ocumented: "1. Assess and tekly per schedule. 2. Make a fund care record in binder. 3. If current treatment. If not weeks (LN judgement) then the word treatment with LPN, DNS, or] 4. If new treatment form and add to copy and text in on Wound Care Log in	F3				
	pertaining to wound measurement, note of current treatmen standards of practic protocol and Care I president stated, "[I started daily monitor system" to update 0 breakdowns occurr	es on wound care, evaluation ts per commonly accepted the and the facility's own Plan updates, the vice Resident #1's LN] should have bring [and] it's part of the Care Plans when skin ed. Idmitted to the facility with a					
· · · · · · · · · · · · · · · · · · ·	care planned for sk did not change ove residency at the fac	story of, pressure ulcers and in integrity interventions that r the course of her three year cility. In 2008, the resident n area" to the right gluteal fold	٠ ج				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LTIPLE CONSTRUCTION	(X3) DATE SU COMPLE	
	., ••	*	A. BUIL	DING	-	C %
		135020	B. WING	9		7/2008
	PROVIDER OR SUPPLIER	CARE INC		STREET ADDRESS, CITY, STATE, ZIP 714 NORTH BUTTE AVENUE EMMETT, ID 83617	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 314	that progressed to necrotic tissue. The physician's orders treat according to 2008 and the Care reflect the develop Weekly skin check reference to the reulcer, and records not assessed or tre Also in May 2008, not updated and not documentation reg 2008, the facility fa wound as ordered, the resident's Care June 2008, Reside assessment did no pressure ulcer, but bruises or abrasion with skin wound he any time during the pressure ulcer to the resident's bed was would maximize prarea, the resident's designed to relieve isolation procedure place to protect ag staff or other resident's a facility. Each recare of a physician must precare of a physician.	a Stage IV pressure ulcer with a facility's own protocols and to assess the wound daily and order were not followed in April Plan was not updated to ment of a skin impairment. It is in May 2008 contained no sident's worsening pressure documented the wound was eated as physician ordered. Resident #1's Care Plan was ursing notes did not include any arding the wound. In June ited to assess or treat the according to its records, and a Plan was not updated. Also in ant #1's annual MDS at identify the presence of a coded the resident as having ins. Dietary changes to assist a development of the resident's are right gluteal fold, the not inflated to a level that ressure relief to the affected as wheelchair cushion was not a pressure, and no contact as or precautions were put into ainst the spread of MRSA to ents.  IAN SERVICES  Dersonally approve in writing a mat an individual be admitted to sident must remain under the	F3	F 385  1. The attending physicia #1 was notified of change status and visited the res	in for Resident es in wound sident at the y team exiting round care were note was e MD has been es in the as receiving reports. The	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		135020	B. WING			08/07/2008		
			<u> </u>	STP	EET ADDRESS, CITY, STATE, ZIP CODE	A		
NAME OF PROVIDER OR SUPPLIER  EMMETT REHAB & HEALTHCARE INC				71	4 NORTH BUTTE AVENUE MMETT, ID 83617			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC	X.	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 385	another physician supervises the medical care of residents when their attending physician is		F	385	Wound Healing at St. Luke's M	eridian		
	residents when their attending physician is unavailable.  This REQUIREMENT is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure that the medical care of a resident was adequately supervised by a physician. This was true for 1 of 4 sampled residents (# 1). Findings include:  Resident #1 was admitted to the facility on 10/1/05 with diagnoses including multiple sclerosis, depressive disorder, and calculus of the kidney.  The Resident Weekly Skin Check Sheet, dated 04/09/08, documented, "Open area noted to gluteal fold on R. (right) cream applied."  A physician's order, dated 04/12/08, directed staff to, "Apply EPC cream to R gluteal fold. CNA may apply, LN to assess q (every) day."				have also been involved in the Resident #1.  2. All residents could be affected deficient practice. The Medical manager completed an audit of physician visits. The Administry aletter to all participating physicians them of the citation of by the facility related to physicians we alerted of any outstanding visits as the date of expected completed in the concerns noted, resides physicians have been notified be sent weekly wound progress as well.  3. The Medical Director was a the outcome of the survey. The attending physician for Resides.	ed by this I Records If all ator sent sicians received cian ere ts as well etion. For nt and will as reports		
	Notes were revied documentation of the right gluteal of surrounding ticare plans were skin issues or in June MARS had application of the no documentation wound daily.	g Notes and Interdisciplinary Care ewed and contained no of the status of an open area to fold, measurements, or condition ssue. The April, May, and June not updated to reflect any new terventions. The April, May, and I missing documentation for the e EPC skin cream, and there was on that an LN had assessed the ange Form, dated 6/6/08, stated,	100 mm m m m m m m m m m m m m m m m m m		be receiving notification from related to the findings of the so (His name and address has been provided to the Bureau of Fact Standards.) The Medical Recommanager will continue to audit compliance with visits. Any downwill be brought to the appropriate hot corrected, the Administration of the physician (and MI)	CMS survey. en ility ords t physician eviation riate oncerns strator will		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		CIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED		
				VG		08/07/2008			
NAME OF P	ROVIDER OR SUPPLIER	133020			EET ADDRESS, CITY, STATE, ZIP CODE	1			
		CARE INC		1	14 NORTH BUTTE AVENUE MMETT, ID 83617				
(X4) ID PREFIX TAG	/EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREF TAC	XF	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	)ULD BE	(X5) COMPLETION DATE		
F 385	"Small open area the fold under R bithe fold under R bithe fold under R bithe fold under R bithe for 6/5, 6/1 for 6/5/08 docume cleansed. Skin is pother skin issues a monitor." The entrouttock open area [dressing] applied documented, "No entry for 6/24/08 copen red area on well. Will cont[inut open area on the error as the only owas to the right glind A Daily Monitoring form was started 6/27/08 stated the measurement was 6/27/08 and listed X 3 cm wide. This documented sinc recorded on 04/0 was checked. The check mark, as reamount of blood. The box next to checked but the second entry was	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 25 'Small open area less than 1 cm in diameter in the fold under R buttock."  A Weekly Skin Check form for June 2008 had entries for 6/5, 6/11, 6/20, and 6/24/08. The entry for 6/5/08 documented, "R buttock fold open area, cleansed. Skin is peeling on L[eft] Buttock. No other skin issues at this time. Will cont[inue] to monitor." The entry for 6/11/08 documented, "R buttock open area. Cleansed and new drsg [dressing] applied." The entry for 6/20/08 documented, "No new skin issues to report." The entry for 6/24/08 documented, "Res[ident] has an open red area on L buttock fold area, cleansed well. Will cont[inue] to monitor." The notation an open area on the left buttock appeared to be in error as the only other documented open area was to the right gluteal fold.  A Daily Monitoring Pressure/Non-Pressure Ulcers form was started on 6/27/08. The entry for 6/27/08 stated the pressure ulcer was "new." A measurement was taken of the gluteal wound on 6/27/08 and listed the dimensions as 1.2 cm long X 3 cm wide. This was the first measurement documented since the pressure ulcer was first recorded on 04/09/08. A box for "full thickness" was checked. The color was described, by a check mark, as red and epithelialized with a small amount of blood tinged exudate, and an odor. The box next to "treatment changed" was checked but the treatment was not listed. A second entry was made on the form for 6/27/08, listing a wound to the coccyx as 3 cm, partial		385	necessary) to request cooperate timely manner. Licensed Nurse members have been inserviced regarding need to contact physicianges in resident status. The Supervisors will monitor for physiciation of changes in residestatus, and follow up to ensure notification is completed. The Supervisors will maintain a confor physicians to review during Records will be reviewed to emphysicians have signed and darprogress notes after each visit.  4. The Medical Records manage provide a monthly report to the Committee related to physician The RN Supervisor will assist the providing an audit of staff comwith notification of physician providing an audit of staff comwith notification of physician provides a monthly QA Committee meeting concerning changes in resident Results of audits will be present monthly QA Committee meeting Corporate Nurse Consultants of monitor compliance on a monfor 3 months, and then Quarter 5. Completion date: 9/5/08.	cion in a es and IDT lasicians for e RN ysician ent extended er will e QA in visits. The DON in apliance ohysicians t status. Inted at the ings. will thly basis			
· ·	The resident's re	cord did not document any or follow-up calls in April, May, or	-						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUIL	DING		(X3) DATE SURVEY COMPLETED		
÷					-	С		
		135020	B. WINC		08/0	7/2008		
NAME OF PROVIDER OR SUPPLIER  EMMETT REHAB & HEALTHCARE INC			STREET ADDRESS, CITY, STATE, ZIP CODE 714 NORTH BUTTE AVENUE EMMETT, ID 83617					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE		
F 385	June to monitor the A physician's order directed staff to, "Colower] buttock creas that laboratory test was confirmed in ar Note (IDT Note) on telephone call from being of resident. T from this AM [morni [right] buttock. N.O. wound swab of area A Care Plan Update following Problem: '[right] buttock creas Approx[imately] 2.5 the center of a knowlidentified Goal documderlying infection The Care Plan Update (Index) approach: "1. Obtain Review results [with Monitor for pain 4. In Symptoms] of infect resident as necessary A local hospital lab swab documented to Methicillin Resistant Enterococcus faeca.  A physician's order, facility to administer days [antibiotic by methods or the content of	resident's status.  for Resident #1, dated 7/1/08, ulture/swab wound to [right se" and report the results of to the physician. That order Interdisciplinary Progress 7/1/08 that read, "Received [physician] regarding well his nurse reported findings ing] dressing [change] to [New order] received for a to be sent for culture."  e, dated 7/1/08, identified the 'Res[ident] has an area to her ite. Possible infection.  cm [centimeters] circular in own denuded area." The imented, "Treat any identified from wound swab." ate documented the following in wound swab as [ordered] 2. Monitor for s/s [signs and iton, fever, etc. 5. Reassure	F 38	85				
	by an IDT Note, dat	ed 7/9/08.			+, + <del>\$</del> ,			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IG		COMPLETED	
	135020		B. WIN	IG		08/07/2008		
NAME OF PROVIDER OR SUPPLIER  EMMETT REHAB & HEALTHCARE INC			***************************************	7	REET ADDRESS, CITY, STATE, ZIP COD 14 NORTH BUTTE AVENUE MMETT, ID 83617			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	· (X5) COMPLETION DATE	
F 385	A physician's order "Wound care: Rx [F protocol Idodosorb: with COPA hydroph	, dated 7/11/08, documented, Prescription] per wound to center area [and] cover nilic foam dressing. [Change] days and PRN [as needed].	F	385				
,	record for Resident was changed accordand Care Plan Upd However, the record	Monitoring/Pressure Ulcers t #1 documented the dressing rding to the physician's order late on 7/14, 7/17, and 7/29. d indicated the resident's hanged as ordered and care 7/23, or 7/26.						
	also yeast, redness	present to [right] gluteal fold appears in groin [and] on eatments] started today for		•				
	Res[ident] cont[inu	v skin issues at this time. es] to have dressing to [right] cer. No drainage noted. Will or."			•			
	* 7/29/08 - "Dressir The wound has de new skin issues at	ng to pressure ulcer changed. teriorated since I saw it last. No this time."						
	Resident #1 docun Allevyn adhesive d 7/5/08 and 7/11/08 included the follow 7/11/08: "Cleanse" [with] wound clean off old Idodosorb [v bed sl[ightly] moist	itulated physician orders for nented the EPC cream and ressing were discontinued on respectively. The orders ing handwritten directive, dated wound to [right] gluteal fold ser or N/S [normal saline]. Pat with] gauze (illegible) wound . Apply Idodosorb to gauze cut philic foam. Place gauze on						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING	(X3) DATE SURVEY COMPLETED	
		125020	B. WING			
NAME OF F	ROVIDER OR SUPPLIER	135020	<u> </u>		08/0	7/2008
	REHAB & HEALTHC	ARE INC	S	TREET ADDRESS, CITY, STATE, ZIP CODE 714 NORTH BUTTE AVENUE EMMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 385	wound bed. Cover [prep[aration] on edg place. [Change eve The resident's recorphysicians visits, for cultures of wound, continues of wound, continues and dated 8/surveyors at the time hand drawn represegulteal fold pressure a handwritten note area wound is necrounderlined. Under "note that document buttock/this was not area consisted most the wound has declabove. Referral to we second diagram of described the woung [centimeters] at decing diagram also included "necrotic" with a drawarea of the depicted An IDT Note, dated "[Resident #1's] worn urse last saw it. (An The wound is 3 cm area. At its deepest This accounts for an The other 3/4 of the	with] foam. Use skin ges. Wait till dry. Tape in ry] 2-3 days [and] PRN."  Ind does not document any llow-up calls, subsequent or new treatments between 1/08.  Index and provided to be of investigation included a contation of the resident's right of ulcer. The diagram included that read, "3 cm circular open offic." The word "necrotic" was details," was a handwritten red on 7/5/08 at that time the officted and now as shown wound clinic requested." A the wound, also dated 8/1/08, d as "3 cm circular [and] 1.5 repest point." The second red the handwritten word rewn arrow pointing to a large	F 38	****		
÷. ∴ &	'necrotic.' This nurs	e advises that this [resident] ed with a wound clinic	· · · •			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			TED	
		135020	B. WI	NG		1	7/2008
	ROVIDER OR SUPPLIER	ARE INC		7	REET ADDRESS, CITY, STATE, ZIP CODE 14 NORTH BUTTE AVENUE EMMETT, ID 83617		
(X4) ID PREFIX TAG			ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 385	5 Continued From page 29		F	385			***************************************
	clinic, which was fa according to a FAX facility. A return FA	ed a referral to a local wound xed to the clinic on 8/1/08, coversheet provided by the X from the wound clinic to the 3, directed the facility to, ed[ule] [an] appt					
	08/04/08, documer	y Progress Notes dated ted, "Paperwork has been d clinic [after] obtaining signed to schedule appt."					
	The physician faxed the referral to the wound clinic on 08/01/08, but did not assess the resident's status or treatments when called by the facility.						
	gluteal pressure uld surveyor and an LN saturated with dried dressing was not d was a foul odor wh The LN staged the eschar. The entire measured by the L covered with eschar The quarter sized i eschar was measured by the word was measured in the word was measurounding the word was a foul odor who was a fou	100 am, the resident's right cer was observed by the I. The dressing was intact and d brown drainage. The ated. The LN indicated there en the dressing was removed. wound as a Stage IV due to width of the wound was N as 8.3 cm, with 4.0 cm ar, and the length as 5.4 cm. Indentation in the center of the red as 0.5 cm deep. The area and was not red or isident did not complain of pain change.				,	
	was interviewed. S both sides of the b	he dressing change, the LN he stated she was assigned to uilding and that when she does rked on the opposite hall and					

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI		IPLE CONSTRUCTION	COMPLETED	
*		135020	B. WIN	۰. *	·	1	7/2008
.,	ROVIDER OR SUPPLIER	ARE INC		7	REET ADDRESS, CITY, STATE, ZIP CODE 714 NORTH BUTTE AVENUE EMMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 385	then returned to Rehad grown larger. Thad the wound for "On 08/06/08, the Dea wound care clinic on 08/13/08.  A Physician Teleph directed staff to approacy area. [Physician Teleph directed staff to approacy area. [Physician for The physician will visit area. Continue to make the physician will visit area. Continue to make the physician is MRSA [and right] is on her 2nd course [by] 10 cm Grade II tunneling 4 cm dee Necrotic tissue that irrigation with NSS I ulcer infer[ior] med [positive] for E.Coli dated 7/2/8. Wound tunneling area filled ulcer/multistage ulcer/multistage.	Progress notes, dated an order was received from MP/SMX antibiotics to be given by for the name to debride occcyx.	F	385			
	*. * *						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		135020	B. WI	\G		C 08/07/2008	
	ROVIDER OR SUPPLIE		1	71	EET ADDRESS, CITY, STATE, ZIP CODE 4 NORTH BUTTE AVENUE MMETT, ID 83617		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 385 F 441 SS=E	On 8/7/08, at 12: Consultant were physician visits. I unsure if the physician visits. I unsure if the physician fair to prevent the dedisease and infection control safe, sanitary, and to prevent the dedisease and infection continvestigates, conthe facility; deciding isolation should be record review, it to protect resident with meaureus (MRSA) standards of pra	200 pm, the DON and Nurse interviewed regarding the lack of The DON stated that she was sician had visited the resident to d prior to 8/7/08. The Nurse d through the resident's record, 7/08 visit was the first day the n assessed by the physician.  Iled to adequately supervise the ne resident. He did not assessment, care planning, or langes in the resident's medical and by the facility.		441	F 441  1. Resident #1 has been placed contact isolation. Red bags and appropriate signage have been implemented. The roommate is Resident #1 was tested for MRS had no signs of infection. She was moved out of the room and has been discharged from the facility. All other residents could be aby the deficient practice. One cresident has been identified to active MRSA. She is in a room and has been placed on Contact Isolation precautions with red by appropriate signage.  3. Staff have been inserviced reappropriate care of residents was MRSA. The Infection Control N	for SA and was s since ity. affected other have by herself it bags and elated to	

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN O	FCORRECTION	DENTIFICATION NORDER.	A. BUILDIN		'à (		
		135020	B. WING_		08/07	7/2008	
	ROVIDER OR SUPPLIER REHAB & HEALTHO	ARE INC	7	REET ADDRESS, CITY, STATE, ZIP C 14 NORTH BUTTE AVENUE EMMETT, ID 83617	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 441	contact with the resubsequent resider turn came into contor visitors. Findings Resident #1 was at 10/1/05 with diagnor depressive disorded A Weekly Skin Chedocumented, "Ope R [right]." A Weekly 4/16/08, document [small] open area of A Condition Chang documented, "Small [centimeter] in diarr buttock."  A Daily Monitoring form begun on 6/2 the gluteal fold on long by 3 cm wide. measurement doculcer was first reconstitution to the pithelialized with exudate, and an ordard A physician's ordedirected staff to, "Olower] buttock creating buttock creat	sident, as well as any not and other individuals who in cact with those residents, staff, is include:  dmitted to the facility on oses of multiple sclerosis, r, and calculus of the kidney.  eck form, dated 4/9/08, n area noted to gluteal fold on y Skin Check form, dated ed, "Cont[inues] to have smoon R [right] Glut[eai] fold.  e Form, dated 6/6/08, all open area less than 1 cm neter in the fold under R [right]  Pressure/Non-Pressure Ulcers 7/08, documented a wound to that date that measured 1.2 cm. This was the first umented since the pressure orded on 4/9/08. A box for "full ecked. The color was eck mark, as red and a small amount of blood-tinged dor.  If or the resident, dated 7/1/08, Culture/swab wound to [right ase," and report the results of	F 441	been instructed about the be implemented when porcultures are noted. She waudit to ensure that approprecautions have been iminfections are identified, be forwarded to the DON resident affected by MRS.  4. Monthly Infection Contidentify residents with M Control Nurse and DON wappropriate measures having lemented. A report of interventions will be proving monthly QA Committee infection Control Nurse, ongoing.  5. Completion date: 9/5/0	e procedures to ositive MRSA vill complete an opriate aplemented, as This audit will for each A.  trol reports will RSA. Infection vill ensure that we been of findings and vided at the meeting by the This will be		

	A. BUILD	ING	COMPLETED	
135020	B. WING		C 08/07/2008	
NAME OF PROVIDER OR SUPPLIER	s	TREET ADDRESS, CITY, STATE, ZIP CODE	00/01/2008	<del></del>
EMMETT REHAB & HEALTHCARE INC		714 NORTH BUTTE AVENUE EMMETT, ID 83617		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLÉ	ETION
Approx[imately] 2.5 cm circular in the center of a known denuded area." The identified Goal documented, "Treat any underlying infection identified from wound swab." The Care Plan Update documented the following Approach: "1. Obtain wound swab as [ordered]. 2. Review results [with physician] when available. 3. Monitor for pain. 4. Monitor for s/s [signs and symptoms] of infection, fever, etc. 5. Reassure resident as necessary."  A local hospital lab report of the resident's culture swab documented the wound tested positive for MRSA and Enterococcus faecalis bacteria on 7/7/08.  The Centers for Disease Control (CDC), recommended the following "patient placement" for residents in hospitals and long-term care facilities: "When single-patient rooms are available, assign priority for these rooms to patients [with] known or suspected MRSA colonization or infection. Give highest priority to those patients who have conditions that may facilitate transmission, e.g., uncontained secretions or excretions. When single-patient rooms are not available, cohort patients with the same MRSA in the same room or patient-care area. When cohorting patients with the same MRSA is not possible, place MRSA patients in rooms with patients who are at low risk for acquisition of MRSA and associated adverse outcomes from infection and are likely to have short lengths of stay. In general, in all types of healthcare facilities it is best to place patients requiring Contact Precautions in a single patient room." (Information about MRSA for Healthcare Personnel - CDC Infection Control in Healthcare. http://www.cdc.gov/ncidod/dhqp/ar_mrsa_healthc	F 44			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		135020	B, WI	1G			C 7/2008	
	ROVIDER OR SUPPLIER REHAB & HEALTHO	ARE INC	<b></b>	71	EET ADDRESS, CITY, STATE, ZIP CODE 4 NORTH BUTTE AVENUE MMETT, ID 83617			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 441	areFS.html.) An Interdisciplinary	Team note (IDT), dated	F	141				
	documented, "Majo buttock wound for v of TMP/SMX [antibi Coli [Escherichia co 7/2/8 [Right] butt	by the resident's physician, or concern is MRSA [and right] which she is on her 2nd course iotic] Culture [positive] for E. oli bacteria] and MRSA dated ock Grade III ulcer/multistage MRSA and [positive] E. Coli."		** PARTE SANTA TANÀN SANTA				
	observe or receive Resident #1's statu with contact precau was observed repe	evestigation did surveyors warnings from staff regarding s as a MRSA-positive resident etions in effect. Resident #1 atedly throughout the room, which she shared with a		the mineral management of the first and the state of the				
	and owners were in about the lack of o to prevent the sprea other residents, and signs warning other of MRSA contact por The DON stated the	I, Corporate Vice President, Interviewed and questioned foontact isolation precautions and of Resident #1's MRSA to do why the facility did not post residents, staff, and visitors recautions for Resident #1. e resident was placed on s, but "I don't know why it						
	7.							

PRINTED: 08/21/2008 FORM APPROVED

STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU		(X2) MUE A. BÜILDI	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED		
	:	135020	•	B. WING		1	C 17/2008	٧.
NAME OF F	PROVIDER OR SUPPLIER	To the Market of the Company of the	STREET ADDR	L ESS, CITY,	STATE, ZIF CODE	<u> </u>	114000	*****
EMMETT	REHAB & HEALTHO	CARE INC	714 NORTH EMMETT, IL		AVENUE			
(X4) IO PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIE Y MUST SE PRECÉDED BY SC IDENTIFYING INFORM	#ULL	ID PREFIX TAG	FROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	IULD BE	(X5) COMPLE DATE	
C 000	16.03.02 INITIAL C	OMMENTS	1	O00				-
	The Administrative Department of Hea Skilled Nursing and Facilities are found Title 03, Chapter 2. The following deficionplaint investiga	ilth and Welfare, I Intermediate Care in IDAPA 16, encies were cited du	ring a					
	The surveyors cond	ducting the survey we	ere:					
A CONTRACTOR OF THE CONTRACTOR	David Scott, RN Amanda Bain, RN Karl Davies, MPH,	RD, LD	Administration of the second o					
C 643	02:150,01 INFECTI 150. INFECTION			643	C 643 02.150,01 See F 441	To the second se		
	01. Policies and Proced written which gover control and investig infections. They shall least. This Rule: Is not me	d Procedures. lures shall be n the prevention, ation of all include at	lion		Date: 9/5/08			97 М-СОУ-М-СВИ-Минимуско-Бектеппоской органија Органија во во во Органија во органија во органија во органија
C 779	i. Developed from assessment of the needs, strengths at This Rule: is not me Please refer to F27 comprehensive res	patient's/resident's nd weaknesses; et as evidenced by: 2 as it relates to		2779	C 779 02.200,03,a,i See F 272 Date: 9/5/08	Transit and the first state of the state of		achaetocides pludous sociente exemination en en entre subscriptocide
C 782	02.200,03,a,iv			782				A-Cardonnamenta
Jureau of Fa	cility Standards	*-	11		THE PARTY OF THE P	/		
ABORATOR	Y DIRECTOR'S OR PROVID	SERVSUPPLIER REPRESEN	TATIVE'S SIGNA	N.ST.	RA-70K TITLE 8/30	108	X6) DATE	٠.
TATE FOR		Company of the Paris Company of the	2893		1 AN/44	it continuation	- Pour du	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTIFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION  A.BUILDING		(X3) DATE SURVEY COMPLETED				
		135020		B. WING			*		
NAME OF E	ROVIDER OR SUPPLIER	153020	STREET AD	DRESS CITY	STATE, ZIP CODE	08/0	7/2008		
	REHAB & HEALTHC	ARE INC	714 NOR	RTH BUTTE AVENUE F, ID 83617					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	CTION SHOULD BE COM			
C 782	iv. Reviewed and to reflect the curren patients/residents a to be accomplished This Rule is not me Please refer to F280	revised as needed t needs of nd current goals	ing care	C 782	C 782 02.200,03,a,iv See F 280 Date: 9/5/08				
C 789	plans as needed.  02.200,03,b,v  v. Prevention of delay.	ecubitus ulcers		C 789	C 789 02.200,03,b,v See F 314				
	v. Prevention of decubitus ulcers or deformities or treatment thereof, if needed, including, but not limited to, changing position every two (2) hours when confined to bed or wheelchair and opportunity for exercise to promote circulation; This Rule is not met as evidenced by: Based on observations, interviews, record review, and a complaint from the general public, it was determined the facility failed to prevent, treat, and monitor pressure ulcers for one of four [#1] sampled residents. This resulted in serious injury endangering the health of Resident #1, who developed a preventable stage IV pressure ulcer. The failure of the facility to appropriately assess, treat, and monitor skin care issues had the potential to affect all residents with, or at risk for, pressure ulcers.  This situation was brought to the attention of the facility on 8/7/08 at 1:15 pm, at which time the facility was provided with specific details of the failure to prevent a pressure ulcer.			Date: 9/5/08					
	The facility provided correction to the sur	an acceptable plan veyors on 8/7/08 at 2 dangerment was abo	2:20 pm,						

STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED C	
		135020		B. WING _		,	7/2008
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
EMMET	REHAB & HEALTHO	ARE INC		TH BUTTE A ID 83617	VENUE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
C 789	1. Resident #1's Plon 8/7/08 to examir buttock wound. The physician weekly massessments. 2. An appointment scheduled for Augu 3. New dressing ch 4. Resident #1 was 5. A new air bed arwere ordered for Resident #1 was ac 10/1/05 with diagnosclerosis, depressive the kidney.  Resident #1's admicoded a stage III produced a stage III produced 10/1/05, iden integrity impaired noted on admit." The included: *Air mattress, *Pressure reduction and/or wheelchair/g	hysician came into the and debride the right facility's staff would easurements and work at a wound clinic wast 13. In ange ordered. Is placed in contact is not pressure relief custosident #1. Idmitted to the facility was including multiply the disorder, and calculated the problem of Sacrum breakdown, he listed interventions in cushion to bedside	send the bund se	C 789	DEFICIENC	1)	
	management program is effective, *Use turn sheet for repositioning, *Daily skin inspection during cares. Notify LN of skin integrity impairments, *Weekly licensed nurse skin assessment, and *Weekly check for "bottoming out" in w/c [wheelchair] and/or bed.  A Weekly Pressure Ulcer Condition Report, with dated entries of 10/2/05 and 10/9/05,						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUM			(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED C			
		135020		B. WING_	<del></del>		7/2008	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	DRESS, CITY,	STATE, ZIP CODE		` ` `	
EMMETT	REHAB & HEALTHC	ARE INC		RTH BUTTE AVENUE T, ID 83617				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
C 789	Continued From pa	ge 3		C 789				
	entry for 10/2/05 sta with a distinct outlin a scant amount of s minimal edema of t treatment was "Duc The entry for 10/9/0 closed" and the Duc Resident #1's initial listed the problem of	ent #1's sacral wound ated the wound was a se, absence of necrot serosanguineous exume surrounding tissue of the surrounding tissue of the stated the wound wo deem was discontinuated 10/of "Skin integrity impagated the wound work of the sacration of the sacrati	a stage III ic tissue, date, and es. The tection." was "now ued.					
	The approaches listed were:  *Turn and reposition per policy,  *Skin checks per facility policy,  *Examine skin with cares. Notify LN of any red/open areas.						900000000000000000000000000000000000000	
	"Place DuoDerm ov [every week and as	dated 10/14/05 clariver areas Q wk and Fanceded], turning schoourage resident to cration/nutrition."	RN nedule Q2					
		i, dated 10/14/05, wa changes in skin integ						
	The initial Pressure Ulcer Risk Assessment Tool for Resident #1, dated 1/5/06, scored the resident at a high risk for skin breakdown due to: history of healed pressure ulcer, pain, H/O MS [history of multiple sclerosis].		e resident history of					
	The Pressure Ulcer Risk Assessments, dated 2/9/07 and 3/17/08, scored the resident as a low risk for skin breakdown despite having a history of pressure ulcers, being bed and chair bound, totally reliant on staff for ADL's and repositioning, indwelling catheter, and previously been scored as a high risk on the same assessment tool.					in the second		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CL IDENTĮFICATION NUMBER			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		135020		B. WING	N		C 07/2008
NAME OF P	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE	1 00,0	717,2000
	REHAB & HEALTHO	ARE INC		TH BUTTE A	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	(X5) COMPLETE DATE	
C 789	Continued From page 4			C 789			
	A Weekly Skin Check form for February 2008 had entries for 2/3, 2/9, 2/17, and 2/23/08. Each entry stated the resident's skin integrity was intact and there were no new skin issues.						
	A Weekly Skin Check form for April 2008 included an entry dated 4/2/08, which stated, "No new skin issues at this time."An entry for 4/9/08 stated, "Open area noted to gluteal fold on R [right]. Cream applied." An entry for 4/16/08						
	stated, "Cont to have sm [small] open area on R Glut[eat] fold. Protective cream applied. Will cont[inue] to monitor." No measurements or other entries were made for April 2008.						
	4/13/08, stated, "Aff	Record Comments for ter shower LN did a s and we found her bot leeding."	skin				
	"Apply EPC cream apply, LN to assess revealed no documapplied on 4/3, 5, 10 documentation was	was received on 4/12 to R gluteal fold. CN/6 Q [every] day." The entation that the creation of the condition of the month.	A may MAR am was on, no e LN did				
,	The April 2008 care plan for Resident #1 was not updated to reflect the new skin issues or the interventions to be implemented.						
	entries for 5/4, 5/15 stated, "Peri area. ( applied." The entry issues, peri area be	eck form for May 2008 5, and 5/21. The entry Cocyx [sic] cracked, of for 5/15 stated, "No retter." No mention wa the gluteal fold. The	/ for 5/4 cream new as made				1.1 N

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTII	PLE CONSTRUCTION	(X3) DATE SI COMPLE	TED
	135020			B. WING _		08/0	, 7/2008
NAME OF P	PROVIDER OR SUPPLIER STREET			DRESS, CITY, S	STATE, ZIP CODE		
	REHAB & HEALTHC	ARE INC	714 NORT	TH BUTTE A ID 83617	VENUE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 789	Continued From pa	ge 5		C 789			
C 789	5/21 stated, "No new issues noted." Again, no mention was made of the open area to the gluteal fold. No entry was made for the last week in May.  The May 2008 MAR revealed no documentation that the EPC cream was applied to the gluteal fold on 5/3, 5, 10, 16, or 23/08. In addition, there was no documentation that an LN had assessed the wound daily for the entire month.  Nursing Notes and Interdisciplinary Care Notes were reviewed for May 2008. The record contained no documentation of the status of the open area to the right gluteal fold, measurements, or condition of surrounding tissue.  The May 2008 care plan was not updated to reflect any new skin issues or interventions.  A Condition Change Form, dated 6/6/08, stated, "Small open area less than 1 cm in diameter in the fold under R buttock."  A Weekly Skin Check form for June 2008 had						
	entries for 6/5, 6/11, 6/20, and 6/24/08. The entry for 6/5/08 stated, "R buttock fold open area, cleansed. Skin is peeling on L[eft] Buttock. No other skin issues at this time. Will cont to monitor." The entry for 6/11 stated, "R buttock open area. Cleansed and new drsg applied." The entry for 6/20 stated, "No new skin issues to report." The entry for 6/24 stated, "Res[ident] has an open red area on L buttock fold area, cleansed well. Will cont to monitor." The notation an open area on the Left buttock appeared to be in error as the only other documented open area was to the Right gluteal fold.						
	The June 2008 MA	R revealed no docur	nentation				

Bureau of Facility Standards STATE FORM

NAME OF PROVIDER OR SUPPLIER  EMMETT REHAB & HEALTHCARE INC  (EACH DEFICIENCY MUST BE PRECEDED BY PILLL REGULATORY OR LSC IDENTIFYING INFORMATION)  EQUIPMENT TAG  C 789		EMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI	PLE CONSTRUCTION	(X3) DATE S COMPLI	ETED %
MAME OF PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE, ZIP CODE			135020		B. WING _			_
EMMETT, ID 83617  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 789  C 7	NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
PRÉFIX TAG  REQUILATORY OR LSC IDENTIFYING INFORMATION)  C 789  Continued From page 6 that the EPC cream was applied to the gluteal fold on 6/1, 7, 8, 10, 13, 21, 22, 23, 27, or 30/08. In addition, there was no documentation that an LN had assessed the wound daily for the entire month.  The resident's quarterly MDS assessment, dated 3/16/08, coded the resident as being totally dependent on staff for bed mobility, transfers, and ADL's and documented no skin breakdown.  The most recent annual MDS, dated 6/10/08, identified Resident #1 as having abrasions or bruises but no pressure ulcers. The resident coded as being totally dependent on staff for bed mobility, transfers and ADL's.  The June 2008 care plan was not updated from the initial 2005 care plan to reflect any new skin issues or interventions.  A Daily Monitoring Pressure/Non-Pressure Ulcers form was started on 6/27/08. The entry for 6/27/08 stated the pressure ulcer was "new". A measurement was taken of the gluteal wound on 6/27/08 and listed the dimensions as 1.2 cm long X 3 cm wide. This was the first measurement documented since the pressure ulcer was first recorded on 4/09/08. A box for "full thickness" was checked. The color was described, by a check mark, as red and epithelialized with a small amount of blood tinged exudate, and an odor. The box next to "treatment was not listed. A second entry was made on the form for 6/27/08, as econd entry was made on the form for 6/27/08, as econd entry was made on the form for 6/27/08, as econd entry was made on the form for 6/27/08, as econd entry was made on the form for 6/27/08, as econd entry was made on the form for 6/27/08, as econd entry was made on the form for 6/27/08, as econd entry was made on the form for 6/27/08, as econd entry was made on the form for 6/27/08, as econd entry was made on the form for 6/27/08, as econd entry was made on the form for 6/27/08, as econd entry was made on the form for 6/27/08.	ЕММЕТТ				—	VENUE		
that the EPC cream was applied to the gluteal fold on 6/1, 7, 8, 10, 13, 21, 22, 23, 27, or 30/08. In addition, there was no documentation that an LN had assessed the wound daily for the entire month.  The resident's quarterly MDS assessment, dated 3/16/08, coded the resident as being totally dependent on staff for bed mobility, transfers, and ADL's and documented no skin breakdown.  The most recent annual MDS, dated 6/10/08, identified Resident #1 as having abrasions or bruises but no pressure ulcers. The resident coded as being totally dependent on staff for bed mobility, transfers and ADL's.  The June 2008 care plan was not updated from the initial 2005 care plan to reflect any new skin issues or interventions.  A Daily Monitoring Pressure/Non-Pressure Ulcers form was started on 6/27/08. The entry for 6/27/08 stated the pressure ulcer was "new". A measurement was taken of the gluteal wound on 6/27/08 and itsed the dimensions as 1,2 cm long X 3 cm wide. This was the first measurement documented since the pressure ulcer was first recorded on 4/09/08. A box for "full thickness" was checked. The color was described, by a check mark, as red and epithelialized with a small amount of blood tinged exudate, and an odor. The box next to "treatment changed" was checked but the treatment was not listed. A second entry was made on the form for 6/27/08,	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE
fold on 6/1, 7, 8, 10, 13, 21, 22, 23, 27, or 30/08. In addition, there was no documentation that an LN had assessed the wound daily for the entire month.  The resident's quarterly MDS assessment, dated 3/16/08, coded the resident as being totally dependent on staff for bed mobility, transfers, and ADL's and documented no skin breakdown.  The most recent annual MDS, dated 6/10/08, identified Resident #1 as having abrasions or bruises but no pressure ulcers. The resident coded as being totally dependent on staff for bed mobility, transfers and ADL's.  The June 2008 care plan was not updated from the initial 2005 care plan to reflect any new skin issues or interventions.  A Daily Monitoring Pressure/Non-Pressure Ulcers form was started on 6/27/08. The entry for 6/27/08 stated the pressure ulcer was "new". A measurement was taken of the gluteal wound on 6/27/08 and isled the dimensions as 1.2 cm long X 3 cm wide. This was the first measurement documented since the pressure ulcer was first recorded on 4/09/08. A box for "full thickness" was checked. The color was described, by a check mark, as red and epithelialized with a small amount of blood tinged exudate, and an odor. The box next to "treatment changed" was checked but the treatment was not listed. A second entry was made on the form for 6/27/08,	C 789	Continued From page 6			C 789			
3/16/08, coded the resident as being totally dependent on staff for bed mobility, transfers, and ADL's and documented no skin breakdown.  The most recent annual MDS, dated 6/10/08, identified Resident #1 as having abrasions or bruises but no pressure ulcers. The resident coded as being totally dependent on staff for bed mobility, transfers and ADL's.  The June 2008 care plan was not updated from the initial 2005 care plan to reflect any new skin issues or interventions.  A Daily Monitoring Pressure/Non-Pressure Ulcers form was started on 6/27/08. The entry for 6/27/08 stated the pressure ulcer was "new". A measurement was taken of the gluteal wound on 6/27/08 and listed the dimensions as 1.2 cm long X 3 cm wide. This was the first measurement documented since the pressure ulcer was first recorded on 4/09/08. A box for "full thickness" was checked. The color was described, by a check mark, as red and epithelialized with a small amount of blood tinged exudate, and an odor. The box next to "treatment changed" was checked but the treatment was not listed. A second entry was made on the form for 6/27/08,		fold on 6/1, 7, 8, 10, 13, 21, 22, 23, 27, or 30/08. In addition, there was no documentation that an LN had assessed the wound daily for the entire						
identified Resident #1 as having abrasions or bruises but no pressure ulcers. The resident coded as being totally dependent on staff for bed mobility, transfers and ADL's.  The June 2008 care plan was not updated from the initial 2005 care plan to reflect any new skin issues or interventions.  A Daily Monitoring Pressure/Non-Pressure Ulcers form was started on 6/27/08. The entry for 6/27/08 stated the pressure ulcer was "new". A measurement was taken of the gluteal wound on 6/27/08 and listed the dimensions as 1.2 cm long X 3 cm wide. This was the first measurement documented since the pressure ulcer was first recorded on 4/09/08. A box for "full thickness" was checked. The color was described, by a check mark, as red and epithelialized with a small amount of blood tinged exudate, and an odor. The box next to "treatment changed" was checked but the treatment was not listed. A second entry was made on the form for 6/27/08,		3/16/08, coded the resident as being totally dependent on staff for bed mobility, transfers, and						
the initial 2005 care plan to reflect any new skin issues or interventions.  A Daily Monitoring Pressure/Non-Pressure Ulcers form was started on 6/27/08. The entry for 6/27/08 stated the pressure ulcer was "new". A measurement was taken of the gluteal wound on 6/27/08 and listed the dimensions as 1.2 cm long X 3 cm wide. This was the first measurement documented since the pressure ulcer was first recorded on 4/09/08. A box for "full thickness" was checked. The color was described, by a check mark, as red and epithelialized with a small amount of blood tinged exudate, and an odor. The box next to "treatment changed" was checked but the treatment was not listed. A second entry was made on the form for 6/27/08,		identified Resident #1 as having abrasions or bruises but no pressure ulcers. The resident coded as being totally dependent on staff for bed						
form was started on 6/27/08. The entry for 6/27/08 stated the pressure ulcer was "new". A measurement was taken of the gluteal wound on 6/27/08 and listed the dimensions as 1.2 cm long X 3 cm wide. This was the first measurement documented since the pressure ulcer was first recorded on 4/09/08. A box for "full thickness" was checked. The color was described, by a check mark, as red and epithelialized with a small amount of blood tinged exudate, and an odor. The box next to "treatment changed" was checked but the treatment was not listed. A second entry was made on the form for 6/27/08,		the initial 2005 care	plan to reflect any n		,			
listing a wound to the coccyx as 3 cm, partial		form was started on 6/27/08. The entry for 6/27/08 stated the pressure ulcer was "new". A measurement was taken of the gluteal wound on 6/27/08 and listed the dimensions as 1.2 cm long X 3 cm wide. This was the first measurement documented since the pressure ulcer was first recorded on 4/09/08. A box for "full thickness" was checked. The color was described, by a check mark, as red and epithelialized with a small amount of blood tinged exudate, and an odor. The box next to "treatment changed" was checked but the treatment was not listed. A second entry was made on the form for 6/27/08,						
thickness, with a red, epithelialized color, no exudate and no odor.  A Nutrition Assessment form, dated 6/30/08, was		thickness, with a re exudate and no odd	d, epithelialized color or.	r, no	·	· · · \$		

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI	PLE CONSTRUCTION	(X3) DATE S COMPLE	ETED
	135020			B. WING _			
NAME OF D				DRESS, CITY, S	STATE, ZIP CODE		
	REHAB & HEALTHC	ARE INC	714 NOR	TH BUTTE A ID 83617			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
C 789	Continued From page 7			C 789			
	listed was regular was The Registered Diestated, "No sig[nific stable, PO [food int [small] open area no follow, no need for the total open area not to, "Culture/swab was crease" and report test to the physician an Interdisciplinary 7/1/08 that read, "Rephysician] regarding nurse reported find dressing [change] to	nt #1. The current divith no nutritional supplitional supplicit supplicit supplicit supplicit supplicit supplies supp	plements. ations ations utrition] Sm O to is time."  ed staff buttock poratory enfirmed in Note) on all from ent. This orning] . [New				
	A Care Plan Update, dated 7/1/08, identified the following Problem: "Res[ident] has an area to her [right] buttock crease. Possible infection. Approx[imately] 2.5 cm [centimeters] circular in the center of a known denuded area." The identified Goal documented, "Treat any underlying infection identified from wound swab." The Care Plan Update documented the following Approach: "1. Obtain wound swab as [ordered] 2. Review results [with physician] when available 3. Monitor for pain 4. Monitor for s/s [signs and symptoms] of infection, fever, etc. 5. Reassure resident as necessary."  A local hospital lab report of the resident's culture swab documented the wound tested positive for Methicillin Resistant Staph Aureus [MRSA] and Enterococcus faecalis bacteria on 7/7/08.  The Centers for Disease Control (CDC),			,			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTI A. BUILDIN	PLE CONSTRUCTION	(X3) DATE S COMPLE			
	*	135020		B. WING		3	7/2008		
NAME OF P				DRESS, CITY, S	STATE, ZIP CODE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
				RTH BUTTE AVENUE T, ID 83617					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION).			ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	(X5) COMPLETE DATE			
C 789	Continued From pa	ge 8		C 789					
	recommended the following "patient placement" for residents in hospitals and long-term care facilities: "When single-patient rooms are available, assign priority for these rooms to patients [with] known or suspected MRSA colonization or infection. Give highest priority to those patients who have conditions that may facilitate transmission, e.g., uncontained secretions or excretions. When single-patient rooms are not available, cohort patients with the same MRSA in the same room or patient-care area. When cohorting patients with the same MRSA is not possible, place MRSA patients in rooms with patients who are at low risk for acquisition of MRSA and associated adverse outcomes from infection and are likely to have short lengths of stay. In general, in all types of healthcare facilities it is best to place patients requiring Contact Precautions in a single patient room." (Information about MRSA for Healthcare Personnel - CDC Infection Control in Healthcare. http://www.cdc.gov/ncidod/dhqp/ar_mrsa_healthcareFS.html.)  A physician's order dated 7/8/08 directed the facility to administer "TMP/SMX PO BID X 10 days [antibiotic by mouth twice daily for days] for "buttocks cellulitis." That order was confirmed by an IDT Note, dated 7/9/08.  A review of Resident #1's MAR, dated 7/9/08, revealed the antibiotic was administered BID for								
	revealed the antibiotic was administered BID for seven days from 7/9/08-7/15/08, once daily for 7/16/08 and 7/17/08, and was not administered on 7/18/08. In total, the MAR documented the resident missed four doses of the antibiotic ordered to treat MRSA.								
		, dated 7/11/08, docu Prescription] per would			•••	क			

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	COMPL	(X3) DATE SURVEY COMPLETED		
		135020		B. WING C 08/07/					
NAME OF F	IAME OF PROVIDER OR SUPPLIER STREET				STATE, ZIP CODE				
ЕММЕТТ	REHAB & HEALTHO	ARE INC		TH BUTTE A ID 83617	VENUE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE 'MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE		
C 789	Continued From pa	ge 9		C 789			ì		
	protocol Idodosorb (sic: Iodosorb): to center area [and] cover with COPA hydrophilic foam dressing [Change] dressing [every] 2-3 days and PRN. Apply [with] small amount gauze."			·					
	7/11/08, documented "Wound to [right] but dressing. Per facility Goal documented, the risk of any further integrity." The Care following Approache protocol. Measure [crecord dressing [ever [Change] dressing [ever [Checks every] week A July 2008 Daily M record for Resident was changed according to the control of the cont	Care Plan Update for Resident #1, dated 11/08, documented the following Problem: Vound to [right] buttock crease. Change to ressing. Per facility protocol." The identified oal documented, "Heal area to buttock. Reduce e risk of any further breakdown. Maintain skin tegrity." The Care Plan Update documented the llowing Approaches: "1. Apply dressing as otocol. Measure [every] week. 2. Monitor and cord dressing [every] day and PRN. 3. hange] dressing [every] 2-3 days and PRN. 4. seess for pain [every] shift and PRN. 5. Skin necks every] week and PRN."  July 2008 Daily Monitoring/Pressure Ulcers cord for Resident #1 documented the dressing							
	and Care Plan Update on 7/14, 7/17, and 7/29. However, the record indicated the resident's dressing was not changed as ordered and care planned on 7/20, 7/23, or 7/26.  A Resident Weekly Skin Check Sheet for Resident #1 documented that skin checks were conducted on 7/8, 7/11, 7/14, and 7/21. The following handwritten notes were documented on the weekly skin checks:  *7/8/08 - "Peri[neal] area very red. Open wound on [right] buttock fold. Bandage came off during shower. It needs to be replaced. Will continue to monitor."  * 7/11/08 - "Wound present to [right] gluteal fold also yeast, redness appears in groin [and] on					1.1%			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				TPLE CONSTRUCTION	(X3) DATE S			
is a transfer of the second se			1716/ but 1.	A. BUILDIN B. WING	1G	ŵ	С		
	135020			B. WING _		1	7/2008		
NAME OF F	ROVIDER OR SUPPLIER		STREET AD	ADDRESS, CITY, STATE, ZIP CODE					
ЕММЕТТ	REHAB & HEALTHO	ARE INC		TH BUTTE A ID 83617	AVENUE	·			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
C 789	* 7/14/08 - "Dressin The area has determonitor. Also record Sheet. Will cont[inu * 7/21/08 - "No new Res[ident] cont[inue] to monito cont[inue] to monito to t	g to [right] gluteal cheorated. Will cont[inuded on Daily Pressure] to monitor."  skin issues at this times to have dressing ter. No drainage note or."  g to pressure ulcer content of the time."  tulated physician ordented the EPC crear essing were disconting the term of the term o	anged. e] to e Uicer me. to [right] ed. Will changed. it last. ers for n and nued on lers ive, dated al fold line]. Pat wound gauze cut uze on e in RN." ment the hanged eation was	C 789	DEFICIEN	ICY)			
to any constitution of the state of the stat	provided by the facility that indicated the wound had been cleansed or the dressing changed from 8/1/08 through the complaint investigation of 8/6-8/7/08.  A diagram dated 8/1/08 and provided to			·					
	grant dated 0/	noo ana provided to							

Bureau of Facility Standards STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIEF IDENTIFICATION NUM			(X2) MULTI A. BUILDIN B. WING	PLE CONSTRUCTION  G	(X3) DATE SU COMPLE TO COMPLE	TED	
		135020	OTDEET ADD	DEGG CITY	STATE, ZIP CODE	<u>  U0/U</u>	112000
				H BUTTE A			·
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
C 789	hand drawn represe gluteal fold pressure a handwritten note area wound is necrounderlined. Under "note that document buttock/this was no area consisted most the wound has declabove. Referral to visit second diagram of described the wound [centimeters] at decidagram also include "necrotic" with a drawarea of the depicted. An IDT Note, dated "[Resident #1's] wonurse last saw it. (A The wound is 3 cm area. At its deepest This accounts for a The other 3/4 of the all of the inner aspering the inner aspering to the inner aspering the color wound clinic. This nurse would be best served appointment."  Resident #1 received local wound clinic, we clinic on 8/1/08, accomprovided by the facility to, "Please [appointment]."	ne of investigation incontation of the reside e ulcer. The diagram that read, "3 cm circulotic." The word "necrotedis," was a handwed, "The area to her ted on 7/5/08 at that on the edd of the wound clinic requested as "3 cm circular [appest point." The second the handwritten wawn arrow pointing to	nt's right included ular open otic" was written time the however, own ed." A ed 8/1/08, and] 1.5 ond ord a large , ce this eks ago). denuded m deep, ears esident] c esident c m the directed [an] appt	C 789			
		er was observed by					

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X2) MULT	IPLE CONSTRUCTION	(X3) DATE S COMPLI	ETED 5
	135020			B. WING	1	C 08/07/2008	
NAME OF P	ROVIDER OR SUPPLIER	100020	STREET AD	DRESS, CITY,	STATE, ZIP CODE	1 00/0	1/2000
	REHAB & HEALTHC	ARE INC	714 NOR	TH BUTTE A ID 83617			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENCE	(X5) COMPLETE DATE	
C 789	Continued From page 12			C 789			
	surveyor and an LN. The intact dressing was totally covered with brown, dry drainage. The dressing was not dated. The LN indicated there was a foul odor when the dressing was removed. The LN staged the wound as a Stage IV due to eschar. The entire width of the wound was measured by the LN as 8.3 cm, with 4.0 cm covered with eschar, and the length as 5.4 cm. The quarter sized indentation in the center of the eschar was measured as 0.5 cm deep. The area surrounding the wound was not red or edematous. The resident did not complain of pain during the dressing change.						
	Immediately after the dressing change, the LN was interviewed. She stated she works on both sides of the building and everytime she has been gone or has worked on the opposite hall and came back to work with the resident the wound was bigger. The resident has had the wound for "many months" stated the LN.						
	A Physician Telephone Order, dated 8/6/08, directed staff to apply, "Wet to dry dressing BID to coccyx area. [Physician] to be here in am [morning] to debride area."  An IDT Note, dated 8/6/08, documented, "[Physician] will visit in the am to debride coccyx area. Continue to monitor for pain."  An IDT Note, dated 8/7/08, and signed by the resident's physician, documented, "Major concern is MRSA [and right] buttock wound for which she is on her 2nd course of TMP/SMX. Skin: 10 cm X [by] 10 cm Grade II ulcer over [right] buttock [with] tunneling 4 cm deep X 3 cm wide fanning out Necrotic tissue that we tried to remove today after irrigation with NSS [normal saline solution]. Grade I ulcer infer[ior] medial to above						
					* * <del>*</del>		

		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTI A. BUILDIN	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	•	135020		B. WING _		E	C 07/2008
NAME OF F	AME OF PROVIDER OR SUPPLIER			DRESS, CITY, §	STATE, ZIP CODE		31/2000
ЕММЕТТ	T REHAB & HEALTHO	CARE INC		TH BUTTE A , ID 83617	VENUE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
C 789	Continued From pa	age 13		C 789			
	coli] and MRSA dat partially and tunnel buttock Grade III ul [positive] MRSA an care clinic referral f		brided ht] with Vound				
	On 8/6/08, at 1:25 p.m., and on 8/7/08 at 11:32 a.m., the resident's pressure relief mattress was inspected by surveyors. The pressure relief mattress was set for a resident weighing between 200 and 250-pounds during both observations. According to the facility's weight monitoring records, Resident #1 weighed approximately 169 pounds at the time of investigation. In an interview on 8/7/08, at 12:30 p.m., the DON stated the pressure relief mattress "wasn't set where it should be" to provide maximum pressure relief.						
	At the time of the complaint investigation, 8/6-8/7/08, Resident #1 was observed repeatedly in her room. Surveyors did not observe staff practicing contact precautions or any signs in the facility that notified staff or visitors that contact isolation precautions were in effect for Resident #1. Additionally, no staff member during the course of the complaint investigation advised surveyors that the resident was under contact isolation precautions for MRSA.		epeatedly staff gns in the contact Resident g the lvised				
	wheelchair cushion The cushion includ center intended to sliding forward in the	e-inches thick, and w	ront dent from		11.79		
	On 8/7/08, at 12:05	5 p.m., the facility's ph	nysical			•	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUM  135020			(X2) MULT A. BUILDII B. WING				
NAME OF PROVIDER OR SUPPLIER STREE				DRESS, CITY,	STATE, ZIP CODE		
ЕММЕТТ				TH BUTTE / ID 83617	AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE  MUST BE PRECEDED BY SC IDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE ADDITIONAL DEFICIENCY)	(X5) COMPLETE DATE	
C 789	789 Continued From page 14			C 789			
	therapist provided s catalog photograph cushion in Resident description read, "D hip abduction" Ac	surveyors with a copy and description of the #1's wheelchair. The designed for slide con ecording to the catalo hion was not designe	ne e ntrol and og				
	On 8/7/08, at 1:52 p.m., one of the facility's owners and the physical therapy staff showed surveyors an "interim" wheelchair cushion the owner described as "the best we have in-house." The owner and physical therapy staff informed surveyors the resident's wheelchair cushion would be replaced with the interim cushion until a "state-of-the-art" pressure-relieving cushion arriving later that day could be provided to the resident.						
	On 8/7/08, at 12:30 p.m., the facility's Administrator, DON, Corporate Vice Preside and owners were interviewed and question about the lack of contact isolation precaution prevent the spread of Resident #1's MRSA other residents, or signs warning other resistaff, and visitors of MRSA contact precauting for Resident #1. The DON stated the resident was placed on contact precautions, but "I disknow why it wasn't documented."		tioned utions to SA to esidents, autions sident				
	During the 8/7/08 into Administrator, DON, and owners were as pressure ulcer risk a resident as a "low risk despite a long histor mobility, risk for frict transfers, and bed-ovice president stated history and physical	Corporate Vice Pre- ked about the 3/17/0 assessment that place sk" for skin impairme y of compromise, lin- ion and shearing from or chairbound status the score was base	oed the ent inited in The ed on				

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1 '	TIPLE CONSTRUCTION	(X3) DATE S COMPL	
				A. BUILDIN B. WING		1	С
		135020			-	08/0	7/2008
NAME OF F	· ·				STATE, ZIP CODE		
				TH BUTTE A ID 83617	AVENUE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
C 789				C 789			
	nursing staff at the facility.						
	When asked about the MAR that indicated Resident #1 was not given four antibiotic treatments, the vice president and owner stated the resident did receive the ordered dosages of antibiotic treatments. Documentation was provided that indicated no TMP/SMX antibiotic doses were returned to the facility's pharmacy. However, the facility was asked for but did not provide documentation that the four doses of						
	antibiotic treatment were administered.  During the 8/7/08 interview, the facility provided surveyors with a copy of its Condensed Wound Protocol. Under, Tracking Current Wounds, the facility's protocol documented: "1. Assess and measure wound weekly per schedule. 2. Make a note in chart on wound care record in binder. 3. Evaluate efficacy of current treatment. If not effective after 1-2 weeks (LN judgement) then discuss need for new treatment with LPN, DNS, MD [Medical Director] 4. If new treatment ordered, use 3 part form and add to copy and text sheet. 5. Record all on Wound Care Log in binder."						
	When asked about the lacking documentation pertaining to wound assessment and measurement, notes on wound care, evaluation of current treatments per commonly accepted standards of practice and the facility's own protocol and Care Plan updates, the vice president stated, "[Resident #1's LN] should have started daily monitoring [and] it's part of the system" to update Care Plans when skin breakdowns occurred.  Resident #1 was admitted to the facility with a				4		
		story of, pressure ulc					***************************************

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER IDENTIFICATION NUM			(X2) MULTI	IPLE CONSTRUCTION	is.	(X3) DATE SI COMPLE			
	135020			B. WING_		W.	C 08/07/2008		
NAME OF E	PROVIDER OR SUPPLIER	133020	STREET AD	DRESS CITY	STATE ZIP CODE		00/0	112000	
NAME OF F	i			ET ADDRESS, CITY, STATE, ZIP CODE  NORTH BUTTE AVENUE					
EMMETT	REHAB & HEALTHO	ARE INC		ID 83617	IVEROL.				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5) COMPLETE DATE	
C 789	Continued From pa	ige 16		C 789	•				
	did not change ove residency at the fac developed an "oper	cin integrity intervention or the course of her the cility. In 2008, the resion or area'' to the right gli							
	necrotic tissue. The physician's orders t	a Stage IV pressure of acility's own protocolor assess the wound order were not follower	ols and daily and						
•	2008 and the Care	Plan was not updatement of a skin impair	d to					-	
	Weekly skin checks	s in May 2008 contain sident's worsening pro	ned no						
	ulcer, and records	documented the would eated as physician ord	nd was						
	Also in May 2008, F	Resident #1's Care Plursing notes did not in	lan was	•					
	any documentation	regarding the wound iled to assess or treat	d. In June						
	wound as ordered,	according to its recording Plan was not update	rds, and						
	assessment did not	nt #1's annual MDS t identify the presence							
	bruises or abrasion	coded the resident a is. Dietary changes to	o assist						
	any time during the	aling were not implen development of the in the right gluteal fold, the	resident's	]					
	resident's bed was would maximize pre	not inflated to a level essure relief to the af	that fected						
	area, the resident's wheelchair cushion was not designed to relieve pressure, and no contact isolation procedures or precautions were put into place to protect against the spread of MRSA to						:		
	staff or other reside	ainst the spread of Mi ants.	KSA to						
' <del>1</del> -								1 176	
	,								